



**Archdiocese of Hartford and St. Thomas Seminary
Catholic Biblical School/Certificate of Biblical Studies**



STUDENT WITHDRAWAL

Course No. _____ **Academic Year:** _____

Course Title _____

STUDENT NAME: _____

CURRENT YEAR OF STUDY and LOCATION: _____

DATE STUDENT DROPPED: _____

INSTRUCTOR'S NAME: _____

STUDENT SIGNATURE: _____

STS DEPARTMENT CHAIR SIGNATURE: _____