						Received by:
						Processed by:
						Date:
	GCCCD CC	OVID-19 La	ite With	draw	al Form	
Name				_Studer	nt ID	
Address				Date o	f Birth	_
City	State	eZip	Code		Phone	
Email:					Major:	
attempted (for information) If you have withdrawn fro			•		•	,
Are you receiving Finan	cial Aid? Y	es No				
Are you a GCCCD Calif	ornia Promise Stu	dent (AB 19)?	,	Yes [] No	
Are you a Veteran who	is receiving VA Be	enefits?	Yes	No		
Are you an Internationa	I Student?	Yes No				
Note we will only email the o		s on file with th	e Admissio	ons & Re	ecords Departm	ent. You can update your
Please indicate which o	lasses you wish	to drop:				
O		• 41				

Are you a Veteran who is receiving VA Benefits? Yes No Are you an International Student? Yes No

Course Title	Section	Instructor	
Signature	Date		