

MARYMOUNT MANHATTAN COLLEGE PROGRAM CHANGE
[Subject to Tuition Liability and Program Change Processing Fee]

CW FORM

Name _____ MMC Student #: _____
 Last First Middle

YEAR: _____ [] Fall [] January [] Spring [] Summer I [] Summer II

Student Acknowledgement Statement:

I understand the date that this form is received in the Center for Student Services is the official date of withdrawal and that my financial aid for this or future semesters may be affected by my withdrawal from one or more courses.

 STUDENT'S SIGNATURE / DATE

TOTAL NUMBER OF CREDITS BEFORE MAKING THE CHANGE = _____

DEPT	COURSE#	SECTION	TITLE	CREDIT	Instructor Use:		Office Use:		Comments
					Last Date of Attendance	Faculty Must initial	Tuition Liability on this Date		

TOTAL NUMBER OF CREDITS AFTER MAKING THIS CHANGE = _____

 ADVISOR'S SIGNATURE /Date

 STUDENT'S SIGNATURE / DATE

 CSS Representative Date