

GRADUATE PROGRAM WITHDRAWAL

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CWID	Degree or Certificate Program	Term
. Last Name	First Name	Middle Name
. College of Charlest	on Email	Phone Number
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		, would like to officially
ithdraw from my gra	aduate program at the College of Charleston	
eason for Request to	Withdraw from the program:	
understand that if	l am currently enrolled in classes I must o	officially withdraw from those clas
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