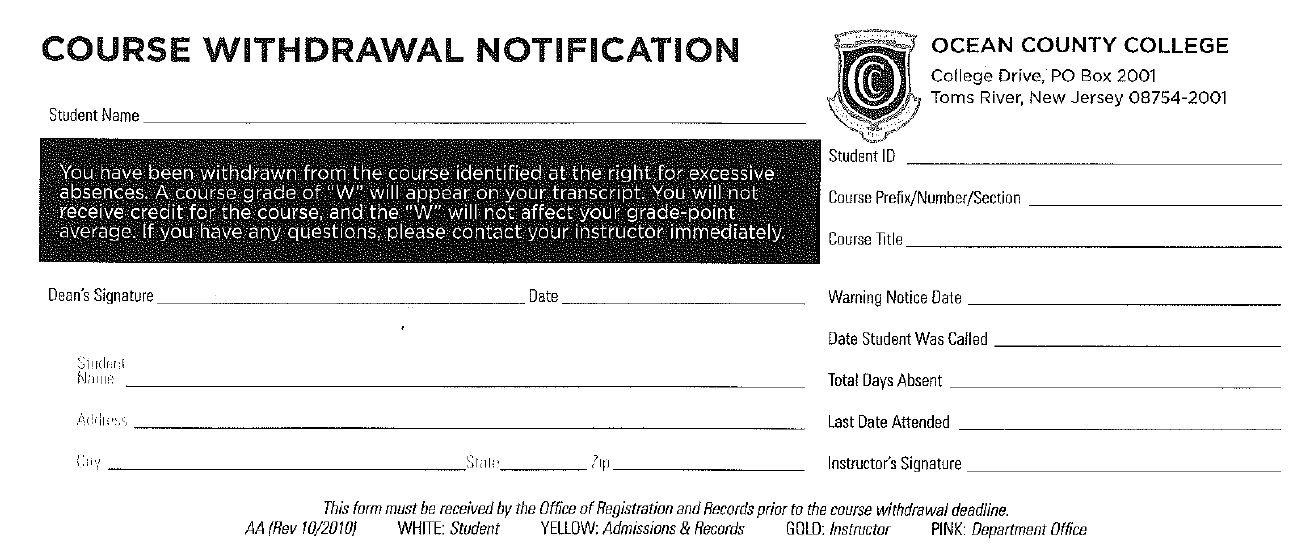
**  
Excessive Absence Course Withdrawal Form**

**(For Faculty)**

The form below is the official Course Withdrawal Form used at Ocean County College for faculty to withdraw a student due to excessive absences.

Online instructors, wishing to utilize this form, should complete the *Required Information* section at the bottom of this document and email it to the e-Learning Department Administrative Assistant Cynthia Hammer at [chammer@ocean.edu](mailto:chammer@ocean.edu) for authorization & processing.

 **Required Information**

|  |  |
| --- | --- |
| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_  Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ | Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Course Prefix/Number/Section  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Warning Notice Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Student Was Called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total Days Absent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last Date Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Instructor’s Signature (Email Serves as Signature or if possible, sign & scan)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |