



STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID#
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I intend to return for the following semester:

Fall 2024 Spring 2025 Summer 2025

This form must be submitted to the SCC Financial Aid Office within next 7 days.

By signing this form, I acknowledge:

- I withdrew from all classes in the term indicated above at Sacramento City College before completing at least one course.

AND

- I intend to return to complete a late starting class within this term. i.e. second eight week, second five week, third five week, etc.

If I do not return for the late starting class, my withdrawal date reverts back to the original withdrawal date as previously noted.

Student Signature: _____ Date: _____

[Upload Form](#)

For Office Use Only

Comments:

Staff Signature: _____ Date: _____