



- Student Request
- Administrative Action

COURSE WITHDRAWAL FORM

If you plan to withdraw from one or more courses, please complete this form prior to the last day to withdraw from a course listed in the official academic calendar **and** submit it to the Registrar's Office. Please note that you cannot withdraw from a course if the withdrawal will change your enrollment status from full-time (12 or more credits) to part-time. **Print or type information on sheet unless signature is requested.**

Student's Name _____ Student ID# _____

Email _____ Phone _____

Major _____ Classification _____

Reason for withdrawal from the course(s) (Use additional paper if necessary):

| Course Designator/Number | Instructor's Signature | Date |
|--------------------------|------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please obtain the following signatures in sequence:

| | Approve | Disapprove | Date |
|---------------------|---------|------------|------|
| Faculty Advisor | | | |
| Department Chair | | | |
| Dean/Director | | | |
| Financial Aid Staff | | | |

Student's Signature _____ Date _____