

COURSE WITHDRAWAL FORM

REGISTRAR'S OFFICE



USE THIS FORM ONLY AFTER SEMESTER/TERM DROP PERIOD ENDS.
PRIOR TO END OF DROP PERIOD, USE WEB ADVISOR OR SELF-SERVICE (WITH ADVISOR APPROVAL).

Last Name First Name Student ID (required)

COURSE ID	SECTION	TITLE	INSTRUCTOR

Today's date: _____

I last attended a class for this course on (date): _____

(Only required if receiving VA benefits)

I authorize my removal from this course and accept a grade of W on my academic record: ☐ Yes ☐ No

**The W does not impact your grade point average (GPA) but can impact satisfactory academic progress for financial aid.*

STUDENT ATHLETE: I am a student athlete: ☐ Yes ☐ No

If "yes," you must obtain the signature of the Athletics Academic Advisor below.

VA BENEFITS RECIPIENT: I am receiving VA benefits: ☐ Yes ☐ No

If "yes," you must obtain the signature of the VA SCO below.

AUTHORIZATION OR ACKNOWLEDGEMENT	SIGNATURE	DATE
Student		
Athletics Academic Advisor		
VA SCO		
Instructor		
Advisor		
Dean (Late Withdrawals Only)		

RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE

OFFICE USE ONLY

Date Entered

By (initials)

Notes