



COURSE WITHDRAWAL FORM

- 80 Val
 3. Sign and return the completed form to the Registrar's Office by the withdrawal deadline and obtain the signature of your Advisor or Department Chairperson.

IMPORTANT: Dating this form by the withdrawal deadline and submitting it late is NOT acceptable. The form must be received by the Registrar's Office no later than the close of business on the withdrawal deadline. For purposes of refunds/tuition adjustments, the effective date is the date this form is received in the Registrar's Office. Discontinuance of class attendance or notice to the instructor does not constitute authorized withdrawal and is not grounds for a refund exception. Please refer to the website for information about specific deadlines and office hours.

Student Information :

Name _____			
Last	First	MI	
ID Number _____		Program _____	
Year _____	Term	' Fall	' Winter
		' Spring	' Summer

Course Information (please complete all items) :

CRN	Subject	Course #	Section #	Title
Example 12345	ENGL	101	09	English Composition I

A course withdrawal(s) may affect your student status and eligibility including, but not limited to, the following areas:

- | | |
|--|--|
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Federal Financial Aid (Pell, loans, etc.) |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> State Financial Aid (TAP, APTS, V, etc.) |
| <input checked="" type="checkbox"/> Student Activities | <input type="checkbox"/> Veteran Benefits |
| <input type="checkbox"/> Fresh Start | |

It is your responsibility to understand the impact this withdrawal may have on the above for both the current and future semesters. You are strongly encouraged to discuss the potential effects with the appropriate individuals on campus. Further information can be found in the college catalog.

By signing below, I am confirming that I have read and understand the statement above and know that this withdrawal may affect my student status and/or eligibility.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Office use only
Date Received _____
Initials _____