

Course Withdrawal



| | | | |
|----------------------------|------------------|---------------------|---------------|
| _____ Surname | | _____ First Name | |
| _____ Student ID Number | | _____ Year | _____ Term |
| _____ Course | _____ Credits | _____ Instructor | |

In signing this form, I understand:

1. I am ultimately responsible for the completeness of my registration and program requirements.
2. I understand that a "W" will appear on my transcript where the grade normally appears.
3. I understand that a refund depends upon the timing of withdrawing from the course and I need to consult the current Calendar to determine if a refund will be issued.
4. I understand that withdrawing from a course may have implications on current and/or future financial aid and student loans. I will repay any financial aid received in the current term if withdrawing from a course makes me ineligible for the award. If my status drops to part-time I understand I may be required to withdraw from residence and I will no longer be eligible to play on an athletic team.

Signatures:

| | |
|------------------|---------------|
| _____ Student | _____ Date |
|------------------|---------------|

| | |
|-------------------|---------------|
| _____ Registry | _____ Date |
|-------------------|---------------|

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|---|---|
| OFFICE USE ONLY | |
| <input type="checkbox"/> Grade Entered | <input type="checkbox"/> Instructor Notified |
| Has Affected Fin Aid <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Acct Debited | <input type="checkbox"/> Fin Aid Officer Notified |
| PT: Has/Had Student Loans <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Reg/Acct Rec Officers <input type="checkbox"/> Fin Aid Officer <input type="checkbox"/> Resident Director <input type="checkbox"/> Athletic Director | |