WITHDRAWAL FORM

Student ID/ J Number: _____ Today's Date: _____
Student Name: _____ Effective Term: _____
Date of Birth: _____ Degree Program: _____

This form should be completed after the add/drop period has ended and prior to the deadline for the part of term withdrawal date. A withdrawn course will reflect as a grade of W on the academic transcript and have no impact on your GPA. *You will need to complete this form for each course you are requesting to withdraw from*.

Reason for withdrawal:
☐ Academic Difficulty ☐ Medical/Mental Health ☐ Financial ☐ Childcare ☐ Work Schedule
☐ Technology Difficulties ☐ Instructor Concerns ☐ Course Format/Delivery ☐ Other: _____

If the withdrawal is due to academic difficulty, did you discuss course completion with the instructor(s) to determine if you can still be successful in the course(s)? Yes ☐ No ☐

Are you a student-athlete? **Yes ☐ No ☐**
- *If yes, student must meet with the Director of Athletics and receive a signature prior to the withdrawal date deadline.*

Director of Athletics Signature: _____ Date: _____

Are you an East Hall residential student? **Yes ☐ No ☐**
- *If yes, student must meet with the Associate Vice President of Student Affairs and receive a signature prior to the withdrawal date deadline.*

AVP of Student Affairs Signature: _____ Date: _____

Are you a veteran? **Yes ☐ No ☐**
- *If yes, student must meet with the Educational Planner for Veterans and receive a signature prior to the withdrawal date deadline.*

Educational Planner – Veterans Services: _____ Date: _____

Are you a member of any of the following populations? **Yes ☐ No ☐**
☐ Active Duty ☐ Excelsior ☐ International ☐ Opportunity Program ☐ Reconnect
- *Course withdrawals may impact eligibility for program funding. It is important to confirm how a withdrawal may impact future benefits with program staff.*

Are you withdrawing from all courses? **Yes ☐ No ☐**
- *If yes, Financial Services signature is required.*

Financial Services Signature: _____ Date: _____

Complete page 2 for course withdrawal information.

WITHDRAWAL FORM

Course(s) you wish to withdraw from:

CRN	**Course**	*Office use only:*

You will need to complete this form for each course you are requesting to withdraw from. Courses which include a lab or clinical will automatically be processed with this withdrawal.

Changes to a student's schedule including withdrawals may have impact on financial aid eligibility and billing. Any unpaid financial obligations may be referred to an external collection agency. Students will be responsible for all associated collection fees and legal costs, which will be added to the total amount owed.

Student Signature: _____ Date: _____

Instructor or Advisor Printed Name:
(if not completing electronically)

Instructor or Advisor Signature: _____ Date: _____

Processed by: _____ _____ Credit hours _____ and _____
Enrollment Services Initials Date before after