

Course Withdrawal

Fall _____ Spring _____ Summer _____ 20 _____ Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____

Student ID #: _____ Email address: _____

Program of Study: _____

Course Withdrawal will result in a grade of W. This grade will not impact grade point average, but could impact financial aid and will impact completion rate.

This form is only valid when completed and submitted by the student between the first and eighth week of classes (prorated for shorter term courses).

Course Code and Section	Course Title	Credit Hours

Instructor please provide student's Last Date of Attendance _____

Instructor Signature: _____ Date: _____

The procedure for processing is as follows:

1. The student is to complete form and obtain signature and last date of attendance from instructor.
2. Student is to return the form to Donna Geel in room 105.
3. The original copy is filed in the student's permanent file.

Student Signature: _____ Date: _____

For Office Use Only	
Enrollment Initials _____	Date _____