

**WITHDRAWAL FROM CLASS FORM**

**STUDENT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**ID# OR SSN:** \_\_\_\_\_

**ANTICIPATED GRAD YEAR:** \_\_\_\_\_

**Are any of the courses selected designated as Service Learning courses:**  YES  NO

	DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR
COURSE TO DROP/WITHDRAW:						
COURSE TO DROP/WITHDRAW:						

**NOTE:**

- Repeated patterns of withdrawal may be cause for review by the Committee on Academic Standards.
- A student contemplating withdrawal from a course should consult his/her academic advisor before doing so. If you are receiving financial aid, consultation with a Financial Aid Officer is also advised.
- **Full time undergraduate students who are reducing the course load below twelve credit hours: please read and complete the following:**
  - Do you currently receive financial Aid?  YES  NO
  - **IF YES,** it is advisable to obtain the signature of a financial aid counselor to signify review of the effect of the requested withdrawal(s) on continued aid eligibility. Signature of Financial Aid Counselor: \_\_\_\_\_

**REQUIRED SIGNATURES**

Student's signature	Date	Advisor's signature	Date
<b>IF DROP/WITHDRAWAL FROM COOP EXPERIENCE:</b> Coop Director's signature	Date	<b>IF A HEOP/VISION STUDENT:</b> HEOP Advisor's signature	Date
<b>IF DROP/WITHDRAWAL FROM SERVICE LEARNING COURSE OR SERVICE LEARNING ADD-ON:</b> Service Learning Director's signature		Date	