

WITHDRAWAL FROM CLASS FORM

STUDENT NAME: _____ DATE: _____ STUDENT ATHLETE YES NO

MAJOR: _____ STUDENT ID NUMBER: _____ ANTICIPATED GRAD YEAR: _____
mm/yyyy

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:						
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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

****If you are a STUDENT ATHLETE this form will not be processed unless signed by the Associate Athletics Director of Compliance****

_____ Signature of Student	_____ Date	_____ Signature of Advisor	_____ Date
_____ Signature of Career Services (If Drop/Withdrawal from Internship)	_____ Date	_____ Signature of HEOP Advisor (HEOP student's only)	_____ Date
_____ Signature of Service Learning Director (If Drop/Withdrawal from SL course or SL Add-on)	_____ Date	_____ Signature of Athletics Director or Director of Compliance	_____ Date