Course Withdrawal Form

Withdrawal from Full Semester Course:
Complete and submit this form to the Registrar by the end of the eleventh week of the semester.

Withdrawal from Half Semester Course:
Complete and submit this form to the Registrar by the end of the fifth week in which the course is taught.

Financial Aid Warning:
All students who receive F.A. must consult with the F.A. office before withdrawing from any course.

Credit Information:
Withdrawing from a course does not change the number of credits attempted for the current semester.

Part I: Student Information

Semester/Year ________________________________
Student Name: ____________________________ BAC ID #: ____________________________
Day phone: ________________________________ Eve phone: ________________________________
Cell Phone: ________________________________ E-mail: ________________________________

Title of course: ______________________________________________________________________

Course Number: _____________ Course Section: ______ Course Credit Hours: ______
Instructor: _____________________________ Day/Time: _____________________________
Reason(s) for Withdrawal: ______________________________________________________________________

_________________________________________________________________________________________

I wish to withdraw from this course with the understanding that a “W” will be recorded for this course on my academic transcript. This “W” will not affect my GPA or STGPA.

Student Signature: ____________________________________________ Date: ________________

*An advising signature is required before you turn in this form. **Also required for international students.

Part II: Administrative Information

*Advising Signature: ____________________________________________ Date: ________________

**International Student Advisor Signature: ____________________________ Date: ________________

Financial Aid Office: ____________________________________________ Date: ________________

Registrar: ____________________________________________ Date: ________________