



# INDIVIDUAL COURSE WITHDRAWAL FORM

I, \_\_\_\_\_, wish to officially withdraw from  
Student Name J-number

\_\_\_\_\_ Are you receiving veterans' benefits?  yes  no  
Subject and course number CRN

**You must discuss the following items with the course instructor, an advisor/counselor, and with the financial aid office (if applicable):**

- your reason for withdrawing and what actions you could take to stay enrolled and be successful in this class.
- whether this class is a corequisite for another course you are currently taking, and how it might affect your schedule.
- how withdrawal from this course might affect your financial aid.
- how withdrawal from this course will impact next semester's course selection and your graduation timeline.

***I understand the potential ramifications of this withdrawal.***

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor/counselor signature \_\_\_\_\_ Instructor (or representative) signature \_\_\_\_\_

*Please note: One signature may suffice if time prohibits you from obtaining two.*

***Student should return this card immediately to the registrar's office.***

DUPLICATE FORM

WHITE & CANARY