INDIVIDUAL COURSE WITHDRAWAL FORM

I, ________________________________________________       _________________________, wish to officially withdraw from

Student Name

__________________________________________________   ____________        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 to 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