



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