

WITHDRAWAL FROM ALL COURSES

STUDENT NAME: _____ DATE: _____
 MAJOR: _____ STUDENT ID NUMBER: _____
 ANTICIPATED GRAD YEAR: _____ STUDENT ATHLETE: YES NO
 mm/yyyy
 RESIDENT COMMUTER VETERAN: YES NO

REASON FOR WITHDRAWAL: _____

DEPT. PREFIX	COURSE NO.	SECTION	COURSE TITLE	SEM. HRS	GRADE	INSTRUCTOR

REQUIRED SIGNATURES

If you are a STUDENT ATHLETE this form will not be processed unless signed by the Student-Athlete Academic Support Services Coordinator

_____ Signature of Advisor	_____ Date	_____ Signature of Student	_____ Date
_____ Signature of HEOP Advisor (If applicable)	_____ Date	_____ Signature of Financial Aid Office	_____ Date
_____ Signature of Student-Athlete Academic Support Services Coordinator (If applicable)	_____ Date	_____ Signature of Office of Academic Advisement	_____ Date

- Note:**
1. If a student withdraws from all current semester courses and intends to return the following semester, no additional forms need to be completed
 2. If a student withdraws from all current semester courses and plans to return after a semester or a year's leave, a Leave of Absence form should also be completed
 3. If a student withdraws from all current semester courses and plans to withdraw from the College, a Notice of Intent to Withdraw form should also be completed

LAST DATE FOR AUTHORIZED WITHDRAWAL:
 APPROXIMATELY TWO WEEKS FOLLOWING THE DATE OF SUBMISSION OF MID-
 SEMESTER DEFICIENCIES – CONSULT THE ACADEMIC CALENDAR OFR THE EXACT DATE

FOR USE OF THE OFFICE OF THE REGISTRAR/REGISTRATION

Action Approved on: _____
 By: _____