

## WITHDRAWAL FROM CLASS FORM

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ STUDENT ATHLETE  YES  NO

MAJOR: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_ ANTICIPATED GRAD YEAR: \_\_\_\_\_  
mm/yyyy

Are any of the courses selected designated as Service Learning courses:  YES  NO

	DEPT PREFIX	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS	INSTRUCTOR
COURSE TO DROP/WITHDRAW:						
COURSE TO DROP/WITHDRAW:						

**NOTE:**

- Repeated patterns of withdrawal may be cause for review by the Committee on Academic Standards.
- A student contemplating withdrawal from a course should consult his/her academic advisor before doing so. If you are receiving financial aid, consultation with a Financial Aid Officer is also advised.
- **Full time undergraduate students who are reducing the course load below twelve credit hours: please read and complete the following:**
  - Do you currently receive financial Aid?  YES  NO
  - **IF YES**, it is advisable to obtain the signature of a financial aid counselor to signify review of the effect of the requested withdrawal(s) on continued aid eligibility. \_\_\_\_\_

**Signature of Financial Aid Counselor**

### REQUIRED SIGNATURES

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

_____ <b>Signature of Student</b>	_____ <b>Date</b>	_____ <b>Signature of Advisor</b>	_____ <b>Date</b>
_____ <b>Signature of Career Services (If Drop/Withdrawal from Internship)</b>	_____ <b>Date</b>	_____ <b>Signature of HEOP Advisor (HEOP student's only)</b>	_____ <b>Date</b>
_____ <b>Signature of Service Learning Director (If Drop/Withdrawal from SL course or SL Add-on)</b>	_____ <b>Date</b>	_____ <b>Signature of Student-Athlete Academic Support Services Coordinator</b>	_____ <b>Date</b>