Semester Withdrawing: FALL 20  WINTER 20  SPRING 20  SUMMER 20

Student ID#: Name:

Last  First

College Email Address: Primary Phone:

Please refer to the Academic Calendar for the final date to withdraw from courses. Note: A (W) grade will appear on the official transcript for courses from which a student withdraws. No forms will be accepted after the deadline. Failure to properly withdraw from a course may result in a failing grade.

WITHDRAWAL INSTRUCTIONS

1. Speak to your Professor (Optional, but strongly recommended).
2. A signature from your Counselor, Faculty Advisor, or Professor is required to withdraw from one or more courses.
   If you are taking an online course, we will accept an email from your instructor or advisor emailed together with this form.
3. Are you a Veteran? If YES, meet with your Veteran's representative prior to withdrawing. Benefits may be affected by your withdrawal.
4. Are you receiving Financial Aid?
   • If YES, withdrawing from courses may affect your financial aid and a signature from a Financial Aid Representative is required prior to withdrawing from one or more courses.
   • If NO, only a signature from a Counselor, Faculty Advisor, or Professor is required to withdraw from one or more courses.

<table>
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<tr>
<th>Course Title</th>
<th>Counselor/Faculty Advisor/Professor Signature</th>
<th>Financial Aid and/or Veteran's Representative Signature</th>
<th>Withdrawal Reason Code(s)</th>
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Withdrawal Reason Codes - Providing one or more reasons is optional.

JS: Job Schedule Conflict  CD: Course Content Difficulty  LI: Lack of Interest in Course
HM: Health/Medical Issues  TM: Too Many Courses  TD: Transportation Difficulty
MV: Moving Away/Relocating  NN: Not Needed
Other: ____________________________

Do you plan to return? YES ___ Semester ____________ NO ___

REFUND POLICY: Refunds are NOT granted for withdrawals.

By signing below, I acknowledge and understand that I am withdrawing from course(s) and I assume financial responsibility according to the student refund policy.

Student Signature: ____________________________ Date: __________________

(Updated 1/22/2020)