

COURSE WITHDRAWAL FORM

Completed form (signed and dated) must be submitted to the Registrar's Office.

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.

CRN / Course Code (ABC*000) / Course Title	Counselor/Faculty Advisor/ or Professor Signature	Financial Aid and/or Veteran's Representative Signature	Withdrawal Reason Code(s)

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
FO: Family Obligations/Childcare	FD: Financial Difficulties	PR: Personal Reasons
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 3/23/2021)