

COURSE WITHDRAWAL FORM

STUDENT INFORMATION			
Last Name	First Name	MI	
YES / NO			
Student ID #	VA Student? (Circle one)	Advisor	Box #

**DEADLINE FOR SUBMISSION OF COURSE WITHDRAWAL FORMS
IS THE MONDAY BEFORE FINALS BEGIN. AFTER THE
DEADLINE A GRADE IS SUBMITTED FOR THE COURSE.**

COURSE INFORMATION	
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Session 1 <input type="checkbox"/> Summer Session 2 <input type="checkbox"/> DCAE Term _____	
Course Code	Course Title
Credit Hrs.	Instructor
REASON FOR WITHDRAWAL:	
1. <input type="checkbox"/> Academic (Low grade, Behind in coursework, Etc.)	
2. <input type="checkbox"/> Schedule (Insufficient time, Job conflict, Etc.)	
3. <input type="checkbox"/> Personal (Family, Etc.)	
4. <input type="checkbox"/> Medical	
5. <input type="checkbox"/> Financial	Received by: _____ Staff Signature
6. <input type="checkbox"/> Other	
<p>I AM REQUESTING PERMISSION TO WITHDRAW FROM THE COURSE LISTED ABOVE. I UNDERSTAND THAT A GRADE OF 'W' WILL BE PLACED ON MY OFFICIAL ACADEMIC RECORD AND THAT I REMAIN FINANCIALLY RESPONSIBLE FOR THE COURSE. A COPY OF THIS FORM SIGNED BY A STAFF PERSON IS REQUIRED AS RECEIPT FOR A WITHDRAWAL REQUEST.</p>	
Student Signature	Date
*RETAIN A COPY FOR YOUR RECORDS.	

THIS SECTION TO BE COMPLETED BY REGISTRAR'S OFFICE	
<input type="checkbox"/> Administrative Withdrawal*	<input type="checkbox"/> *Email/Letter Attached
<input type="checkbox"/> 'W' Recorded	Initials: _____ Date: ____/____/____