

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:

- x Repeated patterns of withdrawal may be cause for review by the Committee on Academic Standards.
- x 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.
- x **Full time undergraduate students who are reducing the course load below twelve credit hours: please read and complete the following:**
 - o Do you currently receive financial Aid? ' < (6 ' 1 2
 - o **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****

_____ Signature of Student	_____ Date	_____ Signature of Advisor	_____ Date
_____ Signature of Career Services (If Drop/Withdrawal from Internship)	_____ Date	_____ Signature of HEOP Advisor	_____ Date

Signature of ST()-8 1 ()]0 EMC Q /P <</MCID 50 ()JT8ET q 0 -0.2 792.2 612.2 re W* n 0aturS EMC 3.333 198.445D(r)-7i.333 j0 EMC cto792.2]0 54 .2 128.85 02 Td63p.