Course Withdrawal Form

Instructions: Please complete this form, get the signatures of the instructor(s) and your advisor and submit it to the Registrar’s Office, 119 Montgomery Hall for processing.

NAME: ___________________________________________ ID#: __________________

Request: I hereby request that I be allowed to withdraw from the following course(s) during the semester/term indicated:

(Instructor’s signature constitutes acknowledgment of a student’s withdrawal, not necessarily permission to withdraw)

☐ Fall 20___  ☐ Spring 20___  ☐ May Term 20___

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course#</th>
<th>Section #</th>
<th>Course Title</th>
<th>Instructor’s Signature / Date</th>
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<tbody>
<tr>
<td>IDIS</td>
<td>300</td>
<td>2</td>
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Please give a short explanation for your decision to withdraw from the course(s):
__________________________________________________________________________
__________________________________________________________________________

Acknowledgment: I hereby acknowledge that my decision may have unanticipated consequences, including those listed below, and that I understand that the University is in no way responsible for these outcomes. By withdrawing from one or more courses after the end of the add/drop period, I realize that I will receive a grade of W in the course(s) and that:

- If I am still considered a full-time student, I may have to enroll in additional semesters/terms in order to graduate.
- If my withdrawal causes me to be enrolled less than full-time, I understand the following:
  - my intercollegiate athletic eligibility will be affected
  - my financial aid eligibility and student loan repayment may be affected
  - my current tuition charges will not be reduced
  - my graduation date may be delayed by as much as a year

Student's signature and date: _______________________________________________ / __________

Advisor's signature and date: _______________________________________________ / __________

Registrar's Office: W grade(s) assigned by: ___________________ Date: ______________