



## INSTRUCTIONS

This form is to be used by students withdrawing from one or more courses after the scheduled add/drop date for the term has passed. Please check your college's academic calendar for the applicable Add/Drop end date.

Before students withdraw, they should consider any possible impact on status, eligibility, and services, and should contact the Business Office and Financial Aid Office prior to withdrawing from a course or courses.

A grade of "W" will be assigned if the course withdrawal is approved. Grades of "W" are maintained as part of the student's permanent academic record, but do not affect GPA nor credit hours earned.

A completed form contains the signatures from the course director/coordinator/professor of record for each course the student wishes to withdraw and the college's Designated Academic Official (indicated below). The completed form must be submitted to the Office of the Registrar for processing. ***Incomplete forms will not be processed.***

College	Designated Academic Official
College of Pharmacy	Asst. Dean of Academic Affairs; or Director of EED (if applicable)
College of Medicine	Asst. Dean of Student Affairs
College of Health Sciences	Assoc. Dean of Academic Affairs or Asst. Dean of Curriculum and Assessment
College of Psychology	Asst. Dean of Student Affairs and Admissions

## STUDENT INFORMATION

Name: \_\_\_\_\_  
First Middle Last

Student ID #: \_\_\_\_\_ College/Program: \_\_\_\_\_ Exp. Completion/Class of: \_\_\_\_\_

Semester (**check one**): ☐ Summer ☐ Fall ☐ Winter ☐ Spring Year: \_\_\_\_\_

Reason for withdrawing course(s): \_\_\_\_\_

List the course(s) you wish to withdraw from, obtain required signatures, and submit to the Office of the Registrar.

Course Prefix, #, & section	Course Title	# of Credits	Instructor Signature & Printed Name	Date
Section: _____			_____	
Section: _____			_____	
Section: _____			_____	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Academic Official: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Course Withdrawal Date: \_\_\_\_\_

### OFFICE OF THE REGISTRAR USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Updated 10/19 OR