



Registrar's Office Instructor Approval Course Withdrawal After Two-Thirds of the Semester

Please complete this form, sign, date, and return it to the Registrar's Office in SSC L157. DEADLINE: This form must be received in the Registrar's Office by the last day of classes.

STUDENT INFORMATION

| | | | | |
|---|---|--------------|--|---------|
| First Name | | MI | Last Name | |
| Banner ID Number | Are you receiving veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you receiving financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Mailing Address | | | | |
| City | | | State | Zip |
| Home Phone Number | Cell Phone Number | | Work Phone Number | |
| I request permission to withdraw from the following course: | | | | |
| | | Semester | Year | |
| CRN # | Subject/Course # | Course Title | | Credits |

REQUIRED BY STUDENT

COURSE WITHDRAWAL POLICY: This form must be approved and signed by the instructor, then returned by the student to the Registrar's office by the last day of classes. If the withdrawal is approved, a "W" will be recorded on the student's transcript. If a student stops attending and fails to withdraw officially from a course, a grade of "F" may be recorded on the student's transcript. In all cases of withdrawal, a "W" does not affect the student's grade point average.

WITHDRAWAL FROM THE COLLEGE: A student who withdraws from the college must complete a withdrawal form at the Registrar's office. Failure to officially withdraw in writing from the college may result in failing grades for uncompleted courses and might result in probation or suspension status. (See *online college catalog* from more information)

| |
|------------------------|
| Reasons for Withdrawal |
|------------------------|

Please sign and date to authorize withdrawal of course.

| | |
|-------------------|------|
| Student Signature | Date |
|-------------------|------|

REQUIRED BY INSTRUCTOR

| | |
|--|---------|
| Instructor Name | Remarks |
| By signing this document, I approve withdrawal from this course. | |
| Instructor Signature | Date |

FOR REGISTRAR OFFICE USE ONLY

Date Received ____/____/____

Processed By _____

Date ____/____/____