



Registrar's Office Course Withdrawal

Prior to Two-Thirds into the Semester

Please complete this form, sign, date, and return it to the Registrar's Office in SSC L157. Although the instructor's signature is not required, it is recommended that you inform the instructor of your decision.

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

REASONS FOR WITHDRAWING

Before returning this form, please complete the following confidential information.

Please check only one designation.

<input type="checkbox"/> Too many hours outside employment	<input type="checkbox"/> Advising error	<input type="checkbox"/> Paperwork error	<input type="checkbox"/> Other
<input type="checkbox"/> Course too difficult	<input type="checkbox"/> Illness	<input type="checkbox"/> Time conflict with job	
	<input type="checkbox"/> Too many courses	<input type="checkbox"/> Difficulty with teacher	

COURSE(S) TO BE WITHDRAWN

List the course(s) from which you wish to be withdrawn:

1.	CRN #	Subject/Course #	Course Title
2.	CRN #	Subject/Course #	Course Title
3.	CRN #	Subject/Course #	Course Title
4.	CRN #	Subject/Course #	Course Title
5.	CRN #	Subject/Course #	Course Title
6.	CRN #	Subject/Course #	Course Title

STUDENT SIGNATURE

Please sign and date to authorize withdrawal of course(s)

Student Signature	Date
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Note: Grades for courses from which a student withdraws during the first two-thirds of the semester will be recorded as "W" (withdrawn) at the end of the semester. After two-thirds of the regular schedule, you must fill out an *Instructor Approval Course Withdrawal*. The form must be signed by the student and the instructor.

FOR REGISTRAR OFFICE USE ONLY

Date Received ____/____/____

Processed By _____

Date ____/____/____