



# COURSE WITHDRAWAL FORM

This form must be completed and returned to the Registrar's Office (UC 215). Failure to return the completed form will result in a failing grade for the enrollment period selected and course(s) listed below.

Enrollment Period:  Fall  Spring  Intersession  Summer I  Summer II Year: \_\_\_\_\_

**Select Type Of Withdrawal:**

- Partial Withdrawal** ( I wish to withdraw from one or more courses, but not all my courses)
- Complete Withdrawal** ( I wish to withdraw from all my courses)

Student Name: \_\_\_\_\_ Student I.D. No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Line No.	Course No.	Course Title	Instructor

**IN THE ORDER LISTED BELOW, you must receive the following signatures before your withdrawal will be processed.**

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Advisor or Division Chair)

2. If this is a complete withdrawal, you must have a signature from the library.  
If not, proceed to number 3.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Library)

3. Did you receive any type of financial aid this semester?  Yes  No  
If yes, you must go to the Financial Aid Office. If no, proceed to number 4.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Financial Aid)

4. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student Accounts)

**ATTENTION: If this is a complete withdrawal, you will receive a withdrawal survey in the mail. Information gathered from the survey will be used to better serve our students.**

## OFFICE USE ONLY

Administrative Changes Approved  
 Yes  No

Adv. \_\_\_\_\_

Registrar's Office Stamp  
Indicates Effective Date

Approved by: \_\_\_\_\_

Financial Aid Repay Amount  
(if required)

Date: \_\_\_\_\_

\$ \_\_\_\_\_