



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 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 must complete the electronic Exit/Withdrawal survey. You can complete this survey in Enrollment Services (UC 101).

OFFICE USE ONLY

Administrative Changes Approved
 Yes No

Approved by: _____

Date: _____

Adv. _____

Financial Aid Repay Amount
 (if required)

\$ _____

Registrar's Office Stamp
 Indicates Effective Date