Withdrawal Request Form

This form is to be used during the Course Withdrawal period.

Name: 

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Student ID#: ______________________ Telephone: ______________________

Address: 

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt.</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Semester: [ ] Fall [ ] Winter [ ] Spring [ ] Summer

Year: ______________________

Are you withdrawing from all of your courses? [ ] Yes [ ] No

Please list each course from which you are withdrawing.

<table>
<thead>
<tr>
<th>Registration Code</th>
<th>Course and Course No. (ex. ART 3058)</th>
<th>Section</th>
<th>Credits</th>
</tr>
</thead>
</table>

Reason for Withdrawal (Explain): ______________________________________

Note: There may be Financial Aid and/or Academic consequences of your withdrawal. Liabilities for tuition, book voucher or TIV overpayment may be incurred. It is recommended that, prior to submitting this form you consult with an academic and/or financial aid counselor to determine the impact of withdrawing.

*I UNDERSTAND THAT FINANCIAL AID MAY BE AFFECTED AND I AM LIABLE FOR ANY OUTSTANDING TUITION DUE OR OVERPAYMENT RECEIVED. A “W” grade will be assigned to each course listed above upon receipt of completed and signed form. This form must be submitted to the Registrar’s Office by the deadline published in the Academic Calendar.

Student’s Signature: ______________________ Date: ________________

ADVISOR/COUNSELOR AUTHORIZATION (IF APPLICABLE):

[ ] Approved [ ] Denied Date: ________________

Signature: ______________________

Comments: ______________________________________

__________________________________________

REGISTRAR STAMP DATE

Received by: ______________________ Processed by: ______________________