Individual Course Withdrawal Form

This form must be completed and returned to the Registrar's office by the last day of the eighth (8th) week of semester. For courses that meet for seven weeks in the summer, this form must be returned by the end of the fourth (4th) week.

Student's Name: _____

Advisor's Name: _____

Instructor's Name: _____

Course Name: _____

Course Number: _____

Reason(s) For Course Withdrawal:

- ☐ Workload
- ☐ Failing Grade
- ☐ Missed Assignments
- ☐ Attendance
- ☐ Other Please Explain:_____

The signatures below confirm that all involved understand the reasons and effects of this action.

Required signatures:

Student: _____

Instructor: _____

Advisor: _____

Registrar: _____

Date of Completion: _____