

TOTAL WITHDRAWAL FORM

Student ID/ J Number:

Today's Date:

Student Name:

Effective Term:

Date of Birth:

Degree Program:

This form should be completed after the add/drop period has ended and prior to the deadline for the part of term withdrawal date. A withdrawn course will reflect as a grade of W on the academic transcript and have no impact on your GPA.

Reason for withdrawal:

- Academic Difficulty Medical/Mental Health Financial Childcare Work Schedule
 Technology Difficulties Instructor Concerns Course Format/Delivery Other: _____

If the withdrawal is due to academic difficulty, did you discuss course completion with the instructor(s) to determine if you can still be successful in the course(s)? Yes No

Are you a student-athlete?

Yes No

- If yes, student must meet with the Director of Athletics and receive a signature prior to the withdrawal date deadline.*

Director of Athletics Signature: _____

Date: _____

Are you an East Hall residential student?

Yes No

- If yes, student must meet with the Associate Vice President of Student Affairs and receive a signature prior to the withdrawal date deadline.*

AVP of Student Affairs Signature: _____

Date: _____

Are you a member of any of the following populations?

Yes No

Active Duty Excelsior International Opportunity Program Reconnect Veteran

- Course withdrawals may impact eligibility for program funding. It is important to confirm how a withdrawal may impact future benefits with program staff.*

Are you withdrawing from all courses?

Yes No

- If yes, Financial Services signature is required.*

Financial Services Signature: _____

Date: _____

Complete page 2 for course withdrawal information.

TOTAL WITHDRAWAL FORM

Course(s) you wish to withdraw from:

CRN	Course	Office use only:

Changes to a student's schedule including withdrawals may have impact on financial aid eligibility and billing. Any unpaid financial obligations may be referred to an external collection agency. Students will be responsible for all associated collection fees and legal costs, which will be added to the total amount owed.

Student Signature: _____

Date: _____

Advisor Printed Name (if not completing electronically): _____

Advisor Signature: _____

Date: _____

Processed by: _____
Enrollment Services Initials _____ Date _____

Credit hours _____ and _____
before _____ after _____