

CLASS WITHDRAWAL FORM

Note to Instructors and Students: Please use this form to request withdrawal from one or more classes on a student's schedule. The "College Withdrawal Form" should be used to request withdrawal from all classes on the schedule.

Section I. Student and Class Information

Name _____ Date _____

Student Identification Number _____

Hours Remaining _____ Semester/Term: _____

Please indicate the reason for withdrawing:

- | | |
|---|--|
| <input type="checkbox"/> Personal Illness | <input type="checkbox"/> Academic Difficulty |
| <input type="checkbox"/> Financial Hardship | <input type="checkbox"/> Other, please specify _____ |
| <input type="checkbox"/> Family Hardship | |

List **ALL** courses for which a withdrawal is requested

CRN	COURSE	NUMBER	SECTION	LAST DATE OF ATTENDANCE	INSTRUCTOR SIGNATURE

Student's Signature

Advisor/Counselor Signature

Section II. Approvals

Counseling Center Staff _____ Date: _____

<p>Counseling Center Office Use Only: Counseling Center staff verified student approved for class withdrawal <input type="checkbox"/> Director of Housing (if appropriate) <input type="checkbox"/> Director of Financial Aid (if appropriate)</p>

Counseling Center Staff will forward complete and approved Class Withdrawal form to Records Office for processing.

Records Office _____ Date: _____