

Drop/Withdrawal Form

Complete this form (sections in bold should be completed by each of your instructors) and return to the Records Office

STUDENT ID# or SS# (last four digits)						SEMESTER: Fall Spring Summer 20			
LAST NAM		FIRST NAM	E:	MIDDLE:					
COURSE	NUMBER	SECTION	TITLE		CR HRS	INSTRUCTOR	SIGNATURE	DATE SIGNED	
☐Official	Withdraw	al – Initiated	by Student (check one)						
□ Official Withdrawal – Initiated □ Changed Mind □ Changed Program □ Child Care Problems □ Course Load Too Heavy □ Course Not What Expected Other: Please Explain. □ If you were to start college all ov **By signing this form, you agreed dropping classes after the first definancial and academic records* Student Signature □ Advised student to meet with			□Course Too Difficult □Death in Family □Dissatisfied (Instructor) □Employment □Excessive Absences r, would you choose to attent you understand how yof the semester may affect Date Einancial Aid						
	l Excessive A l Other (plea	bsences	itiated by Instructor (chec	ck reason)					
		- 0	Juc						
Recorded by Records Office			Date		Revised 3/2021				