| Initial |
|---------|

COURSE WITHDRAWAL STUDENT RECORD

| Department, Course Number & Section: | |
|--|--|
| Course Title: | |
| Name of Instructor: | |
| Student:Signature | Date: |
| Academic Advisor: | _ Date:* |
| *This date will be used as the effective date of the withdrawal. Note: This Course Withdrawal Form must be received by the Office of t he Registrar from the date signed by your advisor or by the published withdrawal deadline date; whichever | within seven (7) working days er comes first. |
| NOTE: In order to maintain student -athlete eligibility, STUDENT ATHLETES must ob for Student -Athlete Success prior to dropping below 15 credit hours. | otain the signature of the Coordinator |
| WITHDRAWAL POLICY FOR INDIVIDUAL C | COURSES |
| Students who withdraw from individual courses after the Period of Schedule Adjustment and a University are NOT ENTITLED to any refund or credit. | are still enrolled in the |

TO BE COMPLETED BY OFFICE OF THE REGISTRAR

Date: _____ Processed by: _____