



# Single Course Withdrawal Form

**Student Instructions:**

1. If this course withdrawal brings you to zero credit hours, you must complete a **University Withdrawal Form** instead of this form.
2. Print form and complete all sections.
3. Obtain required signatures
4. Completed form must be submitted to the Office of Student Records to be processed.

**Section 1: Student Information**

Name (Last, First, Middle): \_\_\_\_\_ CWID: \_\_\_\_\_

College:  Arts & Science  Business  Music  Nursing & Health

**Section 2: Course Information**

Year/Term: \_\_\_\_\_ Subject (e.g. ENGL): \_\_\_\_\_ Course # (e.g. A100): \_\_\_\_\_ Section (e.g 001): \_\_\_\_\_

Course Credit Hours: \_\_\_\_\_ Registered Credit Hours Remaining after Withdrawal: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

**Section 3: Student Statement & Signature**

*I acknowledge that the above information is accurate and I understand that the withdrawn course listed above will reflect a grade of "W" on my transcript. I understand that this may affect my degree progress, financial aid, scholarships, veteran's benefits, and/or other areas. I have researched these issues and understand the possible implications of this action.*

**If you have any questions regarding your billing or financial aid, please contact the Student Financial Services Office.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 4: Required Signatures**

Check and Obtain signatures that apply. *\*Required for all Students*

Instructor Signature: \_\_\_\_\_

\*Academic Advisor/Chair of Dept.: \_\_\_\_\_

Athlete - Signature of Coach or Athletic Representative: \_\_\_\_\_

International Student – Signature of CIE Representative: \_\_\_\_\_

Honor's Program: \_\_\_\_\_

Veteran's Benefits: \_\_\_\_\_

**Section 5: Approval**

*Once completed, this form must be turned in, by the student listed above, to the Office of Student Records located in Thomas Room 204.*

Comments: \_\_\_\_\_

Signature of Student Records Representative: \_\_\_\_\_ Date: \_\_\_\_\_