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I acknowledge that the above information is accurate and I understand that the withdrawn course listed above will reflect a grade of “W” on my transcript.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: ______________