



Date Issued \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Withdraw from One or More Classes
- Withdraw from ALL Classes (No longer enrolled)

Deadline for this Semester/Session \_\_\_\_\_ Effective Date (if different from date received) \_\_\_\_\_

Semester/Session: (Circle one) FALL SPRING SUMMER I SUMMER II Year: \_\_\_\_\_

Student Name (PLEASE PRINT) \_\_\_\_\_

Sequence Number	Course Name/Number (ex. ORNT 1000)	Hours	Instructor's Signature

Reason for Withdrawal (Check all that apply)

Personal Reasons			Academic Reasons				
<input type="checkbox"/>	Scheduling Conflicts	<input type="checkbox"/>	Illness	<input type="checkbox"/>	Instructor Issues in Classroom	<input type="checkbox"/>	Excessive Unexcused Absences
<input type="checkbox"/>	Financial Issues	<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Grades	<input type="checkbox"/>	Insufficient Preparation for this Class
<input type="checkbox"/>	Personal Reasons	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Improper Advising	<input type="checkbox"/>	Other
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Other	<input type="checkbox"/>	Schedule Overload	<input type="checkbox"/>	

Check if applicable: \_\_\_\_\_ I paid all tuition/fees out of pocket

\_\_\_\_\_ I received assistance from another source

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date