

# Course Withdrawal form

Term(please select): \_\_\_\_\_

Year: \_\_\_\_\_

Major: \_\_\_\_\_

_____	_____	_____	_____	_____
Last Name	First	M.I.	HF ID #	
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason

**Student's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Undergraduate Nursing students must have written permission from their advisor to withdraw from classes.

By signing above, I acknowledge the following:

1. Any changes to my schedule may affect my financial aid (check with the Financial Aid Office for details).
2. After the ADD/DROP period, I will be fully charged for all classes (check with the Office of Student Accounts for details).
3. Not all courses are offered every semester or summer session. Withdrawing from a class may affect my academic progress and/or graduation date.

**IMPORTANT:**

If you will be unable to attend classes next semester, please complete a Leave of Absence Form.

If you are not returning to the University, you must complete the University Withdrawal Form.