This form must be filed in the Registrar’s Office to validate any course withdrawal. **Please note:** this Course Withdrawal may have an impact on your Financial Aid (federal, state and/or institutional) and planned graduation date.

**Student ID No.** __________________________

**YEAR:** ______  [   ] FALL  [   ] SPRING  [   ] SUMMER  [   ] AE Term 1  [   ] AE Term 2

**Student Signature**  
By signing this form, I understand the Financial Aid implications of course withdrawal(s).

**Adviser Signature**  
Date

**COURSE WITHDRAWAL**

<table>
<thead>
<tr>
<th>CRN</th>
<th>DEPARTMENT</th>
<th>COURSE NO.</th>
<th>SECTION</th>
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</table>

Enter the CRN, Department, Course No. and Section for the course you wish to WITHDRAW from. Matriculated students must have their Adviser sign this form to authorize their withdrawal.

**Withdrawal Grade:**  
*W [   ]  *WP [   ]  *WF [   ]

*Instructor Signature:

* Instructors must assign a withdrawal grade of **W**, (through mid-semester) or **WP** or **WF** (after mid-semester) when students WITHDRAW after the end of the ADD/DROP period. Consult the Academic Calendar for effective dates.

**Date Entered:**____________  **Operator:**________