



Course Withdrawal Form

(MAY NOT BE USED TO WITHDRAW FROM COLLEGE)

Registrar's Office

Student Name: _____ ID No. _____

Student's Local Address/On Campus Box: _____

City: _____ St: _____ Zip: _____

Local Telephone No.: _____ Major: _____

This request is for FALL _____ SPRING _____ SUMMER _____

I wish to withdraw from: _____

Course Number, Section & Title

Read each of the following statements and initial to the left of them to acknowledge that they are true:

_____ I will remain enrolled at Greensboro College and intend to remain in other courses currently on my schedule.

_____ I understand that withdrawal from this course MAY impact my financial aid and/or my student account balance. I further understand that it is my responsibility to speak with these offices BEFORE I submit this form if I have any uncertainty or questions regarding the repercussions of this action.

_____ I understand that withdrawal from this course MAY delay my graduation date and impact my overall class standing. I understand that class standings are determined by credit hours earned and this could potentially impair my ability to sign up for classes.

IT IS STRONGLY ENCOURAGED FOR YOU TO DISCUSS YOUR DECISION TO WITHDRAW FROM ANY COURSE WITH YOUR ADVISOR AND/OR INSTRUCTOR.

Student Signature: _____ Date: _____

Advisor (or PEAK staff)
Signature (required) : _____ Date: _____

Instructor Signature (optional): _____ Date: _____

Registrar's Office Use:

Completed Form Received. Processed by: _____ Date _____ (Incomplete forms must be returned to the student)

Grade that will be assigned: W WF Effective Date: _____

Course Instructor Notified By: _____ Date _____