



Withdrawal Form

Student's Name (Print) _____ Degree Program/Semester _____

Course Number to Withdraw	Credit Hours	Day/Time	Instructor's Name	Title of Course

Students must contact the Financial Aid Office for any question regarding withdrawal and its effect on the student's financial aid status

<input type="checkbox"/> Withdraw from above course(s) † <input type="checkbox"/> Withdraw for the Semester and will return for <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<input type="checkbox"/> Withdraw from College	Please check that which matches your reason for withdrawing. <input type="checkbox"/> Family <input type="checkbox"/> Inflexible Work Schedule <input type="checkbox"/> Medical <input type="checkbox"/> Moving
		<input type="checkbox"/> Financial <input type="checkbox"/> Jury Duty <input type="checkbox"/> Armed Services <input type="checkbox"/> Other (Explain Below)

Academic Official's Signature Date

Date Entered into Diamond-D

Financial Aid Officer's Signature Date

Registrar's Signature Date

Student's Signature Date

By signing this form, I fully understand the effect of this withdrawal on my projected graduation date, course progression and course prerequisite requirement.