

Withdrawal Type: **Student**

Student Name: _____ Date: _____

Last First MI

Student I.D #: _____ or Last 4 digits of SSN: _____

Course: _____

Number Name Semester hours (S.H.)

Current Semester Hours: Before Withdrawal _____ After Withdrawal _____

Reason for Withdrawal: _____

Are you living on campus? Yes No Are you a V.A. Benefit Recipient? Yes No

Student Signature _____ Date: _____

Reminder: Allen University Policy states a student must be enrolled in at least 12 semester hours to be considered full-time. A course withdrawal may affect your housing and/or financial aid status.

ALL SIGNATURES BELOW ARE REQUIRED! Please continue with participation in the course until withdrawal is approved and filed with the Office of the Registrar.

1. ATHLETIC COACH: _____ (Representative Signature) _____ (Date)

2. FINANCIAL AID: _____ (Representative Signature) _____ (Date)

3. ACADEMIC ADVISOR: _____ (Advisor Signature) _____ (Date)

Withdrawal Approved: Yes No

*Will course withdrawal affect program/degree completion? Yes No

4. INSTRUCTOR: _____ Withdrawal Approved: Yes No

Instructor Signature _____ Date _____

Instructor, please circle appropriate grade below.

W = Withdrawal Before Penalty

WA = Withdrawal due to Excessive Absences

WP = Withdrawal After Penalty (Passing Course)

WF = Withdrawal After Penalty (Failing Course)

Last Date Student Attended Class _____

For Registrar Use Only:

Date Received: _____ Date Entered in System: _____ Entered By: _____

Copy To: Registrar, Academic Advisor, Student, Business Office, Financial Aid