

Complete or Partial Withdrawal for *Extraordinary* Reasons
After the 50th Instructional Day

Name: _____ Student ID # _____
 Address: _____ Phone # _____
 _____ Email Address _____
Semester: Summer 20 _____ **Fall 20** _____ **Spring 20** _____

INSTRUCTIONS:
 Please attach a separate sheet detailing/documenting your reason(s) for requesting a complete or partial withdrawal for extraordinary reasons - doctor's excuse, job transfer paperwork, etc.). When all signatures have been obtained, sign the form and bring it to the Enrollment Services Office. Your withdrawal will not be processed until the Enrollment Services Office receives the completed request.

CRN	Course Subject and Number	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dean of Students: _____ Approved Denied
 (Engineering Hall 101A) Signature Date

Financial Aid Officer: _____
 (Student Success Center 3.126) Signature Date

Business Office *not required to withdraw from a single course: _____
 (Student Success Center 3.126) Signature Date

Balance Due: \$ _____

- I hereby request to withdraw from the class noted above, understanding the following:*
- *I am responsible for any unmet financial obligations to the College.*
 - *If I receive financial support from a third party, I will notify them of my change of status.*
 - *I understand that my withdrawal may affect my financial aid eligibility in the future, and the any grades of "W" count toward the credit limit.*

Student: _____
Signature Date

Office use only:
 Processed: _____ Initials: _____
 Instructor Notified: _____