

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, MG 207 (North Campus). Your withdrawal will not be processed until the Enrollment Services Office receives the completed request.

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

Financial Aid Officer: _____
(MG 207) Signature _____ Date _____

Associate Vice Chancellor of Student Services: _____ Approved Denied
(Engineering Hall 101A) Signature _____ Date _____

Business Office *not required to withdraw from a single course: _____
(MG 205) 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:
Date Received: _____ ES Initials: _____ Date Processed: _____ Initials: _____
Instructor Notified: _____