

Application for Course Withdrawal

Student name: _____

ID number: _____ Term: _____

Please list the course(s) you plan to withdraw from below:

Dept.	Crs #	Sect	Cr Hrs	Course Name	Instructor	Reason
GENL	100	A	3	The CCSJ Experience	C. Joe	Illness

Withdrawal from classes may have implications for time to graduation, athletic eligibility, and financial commitments, therefore students are encouraged to meet with the Office of Financial Aid and Athletics, if applicable. If you decide to proceed with the withdrawal of the course(s) above, **please sign below and return this form to the Office of Academic Advising within one week of initiation.**

I understand that I must return all textbooks to the library within 7 days of withdrawing. Failure to do so will result in a fee.

Student signature: _____ Date: _____

Academic Advisor signature: _____ Date: _____

OFFICE USE ONLY

Recorded on: _____

Student schedule: _____

Empower updates: _____

Instructor(s) notified: _____

Student Services offices notified: _____