CLARK ATLANTA UNIVERSITY

COURSE WITHDRAWAL FORM

TODAY'S DATE: _____

CURRENT SEMESTER ONLY: _____ YEAR: _____ STUDENT ID No.: _____-_____-_____

NAME:

_____

LAST FIRST MIDDLE

LOCAL ADDRESS:

_____

STREET or DORM & ROOM# CITY STATE ZIP CODE

TELEPHONE NUMBER: (HOME) _____ (CELL) _____ (WORK) _____

CLASSIFICATION: _____MAJOR: _____ CONCENTRATION: _____

CRN	SUBJECT	COURSE	SECTION	COURSE TITLE	CREDIT HOURS

TOTAL CREDIT HOURS WITHDRAWN :_____

Please note that withdrawal from a course:

- **Will <u>NOT</u> result in a refund to the student.**
- **May affect your financial aid eligibility if you withdraw below 12 hours (Undergraduate), 6 hours (Graduate).**
- **May affect your Veteran certification and enrollment status if you withdraw below 12 hours.**
- **Requires obtaining your advisor's signature. DO NOT LEAVE THIS FORM WITH YOUR ADVISOR. This form must be submitted to the Office of the University Registrar by the close of business on or before the posted deadline date.**

STUDENT'S SIGNATURE: _____ **ADVISOR'S SIGNATURE:** _____

<u>Registrar's Office Use Only</u>

Processed By: _____ **Date:** _____

Copy Distribution: Original (Office of the University Registrar) 2nd Copy (Student)