

Office of the University Registrar
 223 James P. Brawley Drive
 Atlanta, GA 30314



COURSE WITHDRAWAL FORM

TODAY'S DATE: _____ SEMESTER: _____

STUDENT ID# 900 _____ CLASSIFICATION: _____ MAJOR: _____

NAME: _____
 LAST FIRST MIDDLE

LOCAL ADDRESS: _____
 STREET OR DORM & ROOM # CITY STATE ZIP CODE

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

CRN	SUBJECT	COURSE NUMBER	SECTION	COURSE TITLE	CREDIT HOURS
20001	CENG	105	01	College Composition I (EXAMPLE)	3

TOTAL CREDIT HOURS: _____

PLEASE NOTE THAT WITHDRAWAL FROM A COURSE:

- Will NOT 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.
- If you are withdrawing from all of your classes you need to fill out the *Application for Withdrawal from the University* form.
- 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: _____

[OFFICE USE ONLY] PROCESSED BY: _____ DATE _____