



CLARK ATLANTA UNIVERSITY COURSE WITHDRAWAL FORM

TODAY'S DATE: _____

SEMESTER: _____ YEAR: _____

ID: _____

NAME: _____
LAST FIRST MIDDLE

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

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

CLASSIFICATION: _____ MAJOR: _____ CONCENTRATION: _____

CRN	SUBJECT	COURSE	SECT.	COURSE TITLE	DAY(S)	TIME	CREDIT HRS.

TOTAL CREDIT HOURS DROPPED: _____

Please note that withdrawal from a course:

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

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

Registrar's Office Use Only

Processed By: _____

Date: _____