



WITHDRAWAL REQUEST FORM

Form #633 - Updated 09/12

Spring Summer Fall 20__

BOX A - Demographic Information

NAME	ID #
ADDRESS	
CITY, ST ZIP	
PHONE NUMBER	

BOX B - Approving Signatures

STUDENT	DATE
ADVISOR	DATE
FINANCIAL AID <small>Required for all Financial Aid Recipients</small>	DATE
REGISTRAR	DATE

BOX C - Reason for Withdrawal(s) PLEASE CHECK ONLY ONE

<input type="checkbox"/> Child Care Problems (C)	<input type="checkbox"/> Illness [Personal or Family] (I)
<input type="checkbox"/> Course Load Too Heavy (L)	<input type="checkbox"/> Military Deployment (MD)
<input type="checkbox"/> Course Not What Expected (X)	<input type="checkbox"/> Misadvised/Not Needed (M)
<input type="checkbox"/> Course Too Difficult (D)	<input type="checkbox"/> Personal (P)
<input type="checkbox"/> Disciplinary Action (DA)	<input type="checkbox"/> Pre-Requisite(s) not Met (PR)
<input type="checkbox"/> Dissatisfied w/ Instruction (DI)	<input type="checkbox"/> Relocation (R)
<input type="checkbox"/> Employment (E)	<input type="checkbox"/> Transfer to Another School (S)
<input type="checkbox"/> Excessive Absences (EA)	<input type="checkbox"/> Transportation (T)
<input type="checkbox"/> Financial (F)	<input type="checkbox"/> Other (O) _____

NOTE: You can not withdraw from any course you never attended.

COURSE NUMBER & PREFIX	SECTION NUMBER	COURSE TITLE	CREDIT HOURS			
				INSTRUCTOR'S LAST NAME	INSTRUCTOR'S SIGNATURE	LAST DATE ATTENDED
1						
2						
3						
4						
5						

NOTE: ALL VA and Financial Aid Recipients **MUST** obtain the **INSTRUCTOR'S SIGNATURE** and the **LAST DATE OF ATTENDANCE** for ALL courses they wish to withdraw from.

BOX E - Credit Hour Change

CREDITS BEFORE CHANGE		CREDITS AFTER CHANGE	
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