



Name \_\_\_\_\_ ID# \_\_\_\_\_ Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ 20 \_\_\_\_\_

Address \_\_\_\_\_ City, ST ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

<b>Check One</b>
<input type="checkbox"/> <b>Withdrawal by Student</b>
<input type="checkbox"/> <b>Withdrawal by Instructor</b>
<input type="checkbox"/> <b>Administrative Withdrawal</b>
Are you withdrawing from ALL Classes? Yes ___ No ___

<b>Reason Code: Check One</b>	
<input type="checkbox"/> <b>Employment (E)</b>	<input type="checkbox"/> <b>Dissatisfied with Instruction (DI)</b>
<input type="checkbox"/> <b>Course Load Too Heavy (L)</b>	<input type="checkbox"/> <b>Illness (Personal or Family (I)</b>
<input type="checkbox"/> <b>Financial (F)</b>	<input type="checkbox"/> <b>Misadvised (M)</b>
<input type="checkbox"/> <b>Course Not What Expected (X)</b>	<input type="checkbox"/> <b>personal (P)</b>
<input type="checkbox"/> <b>Excessive Absences (EA)</b>	<input type="checkbox"/> <b>Prerequisite (s) Not Met (PR)</b>
<input type="checkbox"/> <b>Military Deployment (MD)</b>	<input type="checkbox"/> <b>Relocation (R)</b>
<input type="checkbox"/> <b>Childcare Problems (C)</b>	<input type="checkbox"/> <b>Transfer to Other School (S)</b>
<input type="checkbox"/> <b>Course Too Difficult (D)</b>	<input type="checkbox"/> <b>Transportation (T)</b>
<b>Other (O)</b> _____	

Course Number and Prefix	Section Number	CR. HRS	Instructor Signature	Last Day of Attendance
ACA 122	81A	1		

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Advisor** \_\_\_\_\_

**Financial Aid** \_\_\_\_\_ **Registrar:** \_\_\_\_\_

**NOTE: ALL STUDENTS MUST** obtain **ALL SIGNATURES** and the **LAST DATE OF ATTENDANCE** for **ALL** courses they wish to **withdraw** from. In addition, **VA and Financial Aid Recipients will be required to see the Office of Financial Resources.**

<b>OFFICE USE ONLY:</b>			
<b>Credit hours: From</b> _____	<b>To</b> _____	<b>Date of Change</b> _____	<b>Registrar</b> _____
			<b>Updated 12/2016 SSEM</b>