



Course Withdrawal Form

Submit with College Withdrawal Form or Leave of Absence Form or Request for Change in Program and/or Graduation Date Form

Fall Semester 20 _____ Spring Semester 20 _____ Summer Semester 20 _____
STUDENT NAME: (Top portion must be completed in its entirety.)

(Student Last Name) (First Name) (Middle Name)

(Address) (City, State) (ZIP)

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Social Security# _____ Birthdate: _____

Student's E-mail Address: _____

CLASSIFICATION:

- AAS ASN BSHS BSN HCE MSN

COURSE NAME (i.e. Bio 145)	Check box if "online" course	5 OR 6 DIGIT COURSE NUMBER *this must be present to process registration form	SECTION NUMBER	SEMESTER HOURS	PROVIDING INSTITUTION (POR,TC,BHC,EICC)	WF - Withdrawal Failing WP - Withdrawal Passing W - for BHC & EICC

Advisor Signature: _____ Date: _____

REFUND POLICY

It is very important to be aware of the Refund Policy. The Refund Policy varies by the institution in which the courses are offered, therefore students should check the Refund Policy for that institution.

I AUTHORIZE THE DEDUCTION OF ANY FINANCIAL ASSISTANCE TO PAY TUITION AND FEES FOR COURSES ON THIS REGISTRATION FORM. I REALIZE I MUST BE IN REGULAR CLASS ATTENDANCE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Your signature on the line below indicates that you have read and understood all of the information concerning registration and financial assistance. **This form will not be processed without a student signature.**

Student's Signature: _____ Date: _____

For Office Use only:

Registrar

Bursar

Financial Aid Specialist



Request for Change in Program and/or Graduation Date

1. Student Name: _____

2. Current Program and program option: BSN-A BSN-B Original Graduation Date: _____

3. New Program: BSN-B (check only if changing program option) New Anticipated Graduation Date: _____

4. Rationale for change: _____

5. Student self-identified plan to be successful in new program option or revised curriculum schedule:

6. New curriculum plan: (See reverse)

Student Signature: _____ Date: _____

Academic Advisor: _____ Date: _____

Program Coordinator or Academic Dean: _____ Date: _____

OFFICE USE ONLY:

- Student Services Secretary
- Faculty Secretary
- ATI Coordinator
- Admissions Representative
- Bursar
- Financial Aid Specialist
- Registrar



Date: _____

Curriculum plan for: _____

Current program: _____ Program option: _____

SUMMER SEMESTER	
TOTAL	SH

FALL SEMESTER		SPRING SEMESTER	
TOTAL	SH	TOTAL	SH

SUMMER SEMESTER	
TOTAL	SH

FALL SEMESTER		SPRING SEMESTER	
TOTAL	SH	TOTAL	SH

SUMMER SEMESTER	
TOTAL	SH