Request To Withdraw After The Official Withdrawal Date
(Return to Records and Registration)

Student’s Last Name_________________________________________ First Name_______________________M.I.____

Student ID# ________________________     Current Phone Number____________________

Directions: A student may withdraw from any or all courses and receive a grade of "W" after the official withdrawal date ONLY if emergency or extenuating circumstances exist. To request a "W" after the final withdrawal date, the student must:

1. Complete a Schedule Change Form available in Enrollment Services.
2. Obtain the recommendation of the instructor.
3. Submit both forms to the Division Dean(s).

A copy of the Dean’s decision will be provided to the student and to the instructor making the recommendation. The original goes to the Office of Enrollment Services with the Schedule Change Form.

Briefly list the emergency or extenuating circumstances, which resulted in your request to drop the course(s) listed on the attached Schedule Change Form and shown below. Obtain signatures from all involved instructors.

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Student’s Signature __________________________________________ Date: __________

________________________________________________________________________________________________________________________________________________________

Course:

Department Number Section Term Title

Instructor’s Comment and Recommendation:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Last Date of Attendance ________ Grade on that Date _______ Recommendation Y  N

Instructor’s Signature: __________________________________________ Date: __________

Dean’s Decision: [ ] Request Approved [ ] Request Not Approved

Dean’s Signature: __________________________________________ Date: __________

Original: Enrollment Services Copy to: [ ] Student [ ] Instructor [ ] Dean