

Course Withdrawal

Fall _____ Spring _____ Summer _____ 20_____ Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: ___Yes ___No

Student ID #: _____ Email address: _____

Program of Study: _____

Course Withdrawal will result in a grade of W. This grade will not impact grade point average, but could impact financial aid and will impact completion rate.

This form is only valid when completed and submitted by the student between the first and eighth week of classes (prorated for shorter term courses).

Course Code and Section	Course Title	Credit Hours

Instructor please provide student's Last Date of Attendance _____

Instructor Signature: _____ Date: _____

The procedure for processing is as follows:

1. The student is to complete form and obtain signature and last date of attendance from instructor.
2. Student is to return the form to Donna Geel in room 105.
3. The original copy is filed in the student's permanent file.

Student Signature: _____ Date: _____

For Office Use Only
Enrollment Initials _____ Date _____

***Non-Discrimination Policy:** Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.*