

Academic Services Office P: 304.473.8046

P: 304.4/3.8046 F: 304.473.8531 E: registrar@wvwc.edu

SUMMER SESSION WITHDRAWAL FORM

Return completed form to the A	cademic Services Office via fax (304-47	73-8531) or email to registrar@wv	vwc.edu
I hereby request permission to w	vithdraw from:		
Dept. & Course #	Course Title		Semester Hours
Current class load is	_ hrs Adjusted class load wi	ll be hrs (If zero, a ter	rm WD will be processed)
My reason for wishing to w	ithdraw (required):		
Recommendation and comm	nent of Instructor:		
International student	ip recipient llegiate athletics u applied to receive Veteran's benefits on an F-1 Student Visa e following:	nature of Instructor	(Date)
 I understand that my with complete withdrawal from 	ds will be processed according to the policy drawal date may affect financial aid I have not summer term will affect my financial aid shale in this course will be "W" or "WF", dependent	receive for summer. I understand all nould be directed to the Office of Fina	incial Aid.
Email:			
will receive refunds of the differ	ges that result in a reduction of load duri rence in tuition charges according the sol d/drop period), course fees are not refund	hedule listed above for withdrawa	
	Policy for Withdrawal fr Registrar's Office to complete the withdrawa session withdraw will be processed according	l from school process. If a course wit	thdrawal results in a zero credit
Summer Session I 2022 May 11 – May 14 May 15 – May 18 May 19 – May 22 After May 22	Summer Session II 2022 June 9 – June 12 June 13 – June 16 June 17 – June 19 After June 19	MSN/DNP Session 2022 May 11- May 21 May 22 – June 1 June 2 – June 12 After June 12	Student Responsibility 20% of tuition 40% of tuition 60% of tuition 100% of tuition
Approved Not A	Approved	Date Posted	
Registrar		Processed: RGN	STAC FA/ATHL/INTL