

WITHDRAWAL FROM CLASS

Complete items 1-8, obtaining signatures from the individuals listed below. Return completed form to the Academic Services Office.

I hereby request permission to withdraw from:

1) Dept. & Course # Course Title Semester Hours

Current class load is _____ hours. Adjusted class load will be _____ hours.

My reason for wishing to withdraw (required):

2) Recommendation and comment of **Faculty Advisor:**

Signature of Faculty Advisor (Date)

3) Recommendation and comment of **Instructor:**

Signature of Instructor (Date)

4) Are you a WV PROMISE Scholarship recipient? _____ yes _____ no If yes, secure signature

Signature of Financial Aid Officer (Date)

5) Do you participate in intercollegiate athletics? _____ yes _____ no If yes, secure signature.

Signature of Athletic Compliance Officer (Date)

6) If your adjusted load becomes **fewer than 12 credit hours**, secure a signature from the Financial Aid Office **and** the Housing Office.

Signature of Housing Officer (Date)

Signature of Financial Aid Officer (Date)

7) Are you receiving or have you applied to receive Veteran's benefits? (check one) Yes ___ No ___

8) Are you an international student on an F-1 Student Visa? Yes ___ No ___

Signature of Director of Multicultural Programs & Services

I understand that my grade in this course will be "W" or "WF", depending on date and approval of withdrawal from the course.

Date Signature of Student

Campus Box _____ Student ID# _____

Approved _____ Not Approved _____ Date _____

Registrar