

### Course Withdrawal

I, \_\_\_\_\_, wish to withdraw from the following course:

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Number

Name

I understand that in withdrawing, I comply with the College's stated refund policy.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Course Instructor

\_\_\_\_\_  
Date

Please circle final grade: W WP WF

\_\_\_\_\_  
Dean, BSN

\_\_\_\_\_  
Dean, MSN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Finance

\_\_\_\_\_  
Date