# MONITORED WITHDRAWAL REQUEST FORM

**Student Name**

(Print Last Name, First Name, MI)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Catalog #</th>
<th>Class #</th>
<th>Credits</th>
<th>Course Title</th>
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</thead>
</table>

**Fall ______ (year)**

**Spring ______ (year)**

**Summer ______ (year)**

**NOTE:**

Students who withdraw from a course receive a “W” grade and no credits are earned. **There will be no tuition adjustment for withdrawing from a course.** Check the Calendar of Important Dates for deadlines.

I AFFIRM MY DECISION TO WITHDRAW FROM THE ABOVE COURSE AND TO ACCEPT THE “W” GRADE. I ALSO UNDERSTAND THAT THERE WILL BE NO TUITION ADJUSTMENT FOR WITHDRAWING FROM THIS COURSE. ADDITIONALLY, THIS MAY AFFECT MY FINANCIAL AID STATUS.

Student’s Signature_____________________________ Date______________

Instructor’s Signature

Date

The student is responsible for taking this form to the Registrar for processing after it has been signed by the Instructor.