



University of Pittsburgh at Greensburg

MONITORED WITHDRAWAL REQUEST FORM

Student Name _____

PeopleSoft # _____

(Print Last Name, First Name, MI)

| | |
|--------|-------|
| | YEAR |
| Fall | _____ |
| Spring | _____ |
| Summer | _____ |

| Subject | Class # | Catalog # | Credits | Course Title |
|---------|---------|-----------|---------|--------------|
| | | | | |

PLEASE 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 and rules regarding when the Director of Academic Advising must also sign this form before submitting it to the Registrar.

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.

Student’s Signature _____ Date _____

| | |
|------------------------|------|
| Instructor’s Signature | Date |
| | |

**Only required after withdrawal period is over.*

*Director of Academic Advising

Date

The student is responsible for taking this form to the Registrar for processing after it has been signed by the Instructor and/or Director of Academic Advising.