# WITHDRAWAL OR COURSE CHANGE FORM

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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
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<tbody>
<tr>
<td>STUDENT ID NUMBER</td>
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<td>HOME ADDRESS</td>
<td>CITY</td>
<td>STATE</td>
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**Semester:**
- [ ] FALL 20___
- [ ] SPRING 20___
- [ ] SUMMER 20___
- [ ] INTERSESSION 20___

Are you completely withdrawing from this semester?  
- [ ] YES  
- [ ] NO

Was this course(s) cancelled by the college?  
- [ ] YES  
- [ ] NO

Why are you withdrawing from this course(s)?
- [ ] Academic  
- [ ] Family  
- [ ] Work  
- [ ] Instructor
- [ ] Financial  
- [ ] Medical  
- [ ] Other/Comment: ____________________________________________

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<tr>
<th>Circle One</th>
<th>Dept.</th>
<th>Course No. &amp; Sect. No.</th>
<th>ZAP</th>
<th>Course Description</th>
<th>Days</th>
<th>Time</th>
<th>Instructor’s Name</th>
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Student’s Signature __________________________  Date __________________

Hours after course change  
- [ ]  
- [ ]  
- [ ]  
- [ ]  

Business Office/Change Date  
- [ ]  
- [ ]  
- [ ]  
- [ ]  

Date Issued __________________

- [ ]  
- [ ]  
- [ ]  
- [ ]  

Vice President  
- [ ]  
- [ ]  
- [ ]  
- [ ]  

Enrollment Management Spec./Advisor  
- [ ] YES  
- [ ] NO

Type of Aid  
- [ ]  
- [ ]  
- [ ]  
- [ ]  

Head Coach  
- [ ]  
- [ ]  
- [ ]  
- [ ]  

ELIGIBLE FOR REFUND DURING WITHDRAWAL PERIOD?  
- [ ] YES  
- [ ] NO

Administrative Withdrawal:  
- [ ] YES  
- [ ] NO

Director of Athletics  
- [ ]  
- [ ]  
- [ ]  
- [ ]  

Revised 06/11