OFFICE OF THE REGISTRAR

COURSE WITHDRAWAL FORM

1. Use this form to withdraw from currently enrolled class(es).
2. Complete all sections of the form.
3. Return this form to the Office of the Registrar. Van Ness Campus (4200 Connecticut Avenue, NW) or UDC-CC (801 North Capital Street, NE).

RETURN COMPLETED FORM TO THE OFFICE OF THE REGISTRAR

Complete all sections of the form as indicated (PLEASE PRINT CLEARLY)

Personal Information

Student ID No: ___________________________ Phone Number (___) _____ - ________

Last Name ___________________________ First Name ___________ MI ___________

UDC Email: ___________________________@udc.edu

Year ________ Term: ☐ Spring ☐ Summer ☐ Fall

Students withdrawing from their currently registered course(s) will receive a “W” indicating withdrawal from course(s) listed below.

<table>
<thead>
<tr>
<th>CRN</th>
<th>DEPT/COURSE/SECTION</th>
<th>COURSE TITLE</th>
<th>CREDIT(S)</th>
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Reason for Withdrawal ( ✓ ) check appropriate reason)

☐ Academic Difficulty
☐ Financial Difficulty
☐ Other ________________________________________

Do you presently have a scholarship, grant, or loan? Yes ☐ No ☐
Are you receiving Veteran benefits this term? Yes ☐ No ☐

Student’s Signature ___________________________ Date _____________

FOR OFFICIAL USE ONLY

Received by: __________________________________________ Date Received: __________
Staff Signature

Processed by: __________________________________________ Date Processed __________
Staff Signature

Rev. 09/11/13