



COURSE WITHDRAWAL FORM

Banner ID#: _____ -or- Email: _____@dickinson.edu Class Year: _____

Student Name: _____ Fall Spring Year: _____

CRN	Dept & Course #	Section #	Professor	Advisor

Student's Statement: (*NOTE: This remains confidential and is not seen by the professor, unless the professor is also the student's advisor who signs below.*)

Previous "W's" used: _____

"The option to withdraw from a course and the use of "W" grades... is limited to **two** courses during a student's & Dickinson career."
Academic Policies Procedures – College Bulletin

Signature Date

Advisor's Comments:

Signature Date

Registrar's Office Use Only		
Date Received: _____	Remaining Courses: _____	Class Year: _____
Received by: _____	Previous "W's" used: _____	
SFAREGS: _____	SFASLST: _____	SHAINST: _____
Professor contacted for grade at time of WD – Grade: _____	Date: _____	