



COURSE WITHDRAWAL FORM*

*To withdraw from a course for **health reasons** do not use this form. Instead, complete the Petition for a Withdrawal (<http://www.dickinson.edu/academics/resources/apsc/content/Petition-Guidelines/>) and submit it to asc@dickinson.edu. If granted, a grade of "W" will be posted, but will not count as one of the two withdrawals mentioned below.

The **deadline** for withdrawal is 4:00 PM eleven college business days before the first Reading Day for the semester.

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.*)

Will this WD affect your major/minor/graduation – Y / N

Previous non-health related "W's" used: _____

Last date attended class: _____

"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:

Will this WD affect the students major/minor/graduation Y / N

Signature

Date

Registrar's Office Use Only		
Date Received: _____	Remaining Courses: _____	Class Year: _____
Received by: _____	Previous "W's" used: _____	Date: _____
SFAREGS: _____	SFASLST: _____	SHAINST: _____
Professor contacted for date student last attended: _____ & grade at that time: _____		