



**Office of the Registrar**  
**125 Michigan Avenue NE**  
**Washington DC 20017**  
202.884.9200 fax: 202.884.9210

## Request for Course Withdrawal

Student Name: (F) \_\_\_\_\_ (MI) \_\_\_\_\_ (L) \_\_\_\_\_

PC ID # or SSN: \_\_\_\_\_ School: CAS  SPS  EDU

Term: \_\_\_\_\_ Year: \_\_\_\_\_

DEPT	CRS NO	SECTION	SESSION	COURSE TITLE

You must submit a separate form for each course you wish to withdraw from.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Please note the following policies regarding withdrawing from a course:

Once the Course Schedule Adjustment period has passed, a course may not be removed from a student's academic record for any reason, but students may still withdraw from a course at any time up to the deadline for withdrawal from all classes; exact dates are listed in the Academic Calendar. This policy is not applicable to Winter and May terms or other intensive sessions; in such cases withdrawal is not allowed after the published Course Schedule Adjustment period.

When a student withdraws from a course, a designation of "W" (Withdrawal) will appear on the student's transcript. Students who fail to withdraw officially or to meet course requirements are liable to receive a grade of "F" (Fail). Students are responsible for the partial or full payment for courses from which they have withdrawn.

**Registrar Use Only:** Date Received: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_