# Course Changes and Withdrawal Form

Name ___________________________ Date ____/____/_____  
(Please Print)  
Student ID # ________________________ Semester/Term ______ Year _________ 
Are you a resident student? YES _____ NO _____ Are you a student athlete? YES _____ NO _____  
Faculty Athletics Representative (FAR) Signature __________________________ 

Are you dropping or withdrawing from all courses? YES _____ NO _____ If YES provide the last 
date you attended any course or submitted course work for the above semester: ____/____/____.  
(Skip Course Changes Section Below) 

## IMPORTANT: 

If you are withdrawing after the last date to withdraw as published in the Schedule of Classes each semester this 
is a Late Withdrawal. Only the VP for Academic Affairs can approve a late withdrawal. This form must be 
submitted to the VP for Academic Affairs office, MU 322.  

PLEASE NOTE: If you are withdrawing for medical reasons, documentation must be submitted to the Disabilities 
Specialist office, MU 316. For all other reasons, documentation is submitted to the VP for Academic Affairs. 

## Course Changes - Please list below all courses you wish to add, drop or withdraw from. 

<table>
<thead>
<tr>
<th>ADD</th>
<th>DROP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adding a course during the first week of the term</strong></td>
<td><strong>Dropping a course during the first week of the term</strong></td>
</tr>
<tr>
<td>Dept. Code</td>
<td>Course #</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Withdrawing 

Complete only if Withdrawing after the first week of the term  

<table>
<thead>
<tr>
<th>Dept. Code</th>
<th>Course #</th>
<th>Section #</th>
<th>Credit Hours</th>
<th>Date you last attended class or submitted coursework (last date of academic related activity)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Reason for Add/Drop or Withdrawal: ____________________________________________ 

_________________________________________  
Student Signature Date  
_________________________________________  
Adviser Signature Date  

This form is submitted to the Student Service Center, MU 203, to be processed.  

Processed by Student Service Center ____/____/_____ by ______________ Initials of Representative  
Copy to Financial Aid on ____/____/_____ 

4.17.17