

NAME: \_\_\_\_\_  
(PLEASE PRINT) LAST FIRST MIDDLE COLLEGE SEMESTER / / DATE

STUDENT ID NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DEPT ABBREVIATION \_\_\_\_\_ COURSE NUMBER \_\_\_\_\_ SECTION \_\_\_\_\_ CODE NUMBER \_\_\_\_\_ CREDIT HOURS \_\_\_\_\_. \_\_\_\_\_

**INSTRUCTIONS . . . . READ CAREFULLY**

Be aware withdrawing from a course may result in a significant change to your financial aid. Also, if you are adding a course to replace the withdrawn course, you may incur additional tuition charges. If you have any questions, consult the Student Financial Services *BEFORE* you withdraw.

Complete the necessary sections of this form and return it to the Registrar's Office.



**UNIVERSITY OF VERMONT  
COURSE WITHDRAWAL FORM**

**3. STUDENT'S SIGNATURE**

\_\_\_\_\_  
STUDENT'S SIGNATURE

Steps 1-3 must always be completed unless you are a Continuing Education Student.  
Continuing Education Students must complete sections 2 and 3.

Step 4 must also be completed by all students if withdrawing after the official withdrawal date. Please check the Academic Calendar for specific dates.

**1. ADVISOR**

I have discussed the advisability of the course withdrawal with the student and advised the student of the effect of this withdrawal on his or her program of study.

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**2. COURSE INSTRUCTOR**

I acknowledge this notification that this student is withdrawing from this course and will be assigned a grade of 'W'.

\_\_\_\_\_  
COURSE INSTRUCTOR'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**4. DEAN**

We certify that the above mentioned student is allowed to withdraw for documented circumstances beyond his or her control. The situation which has given rise to this action is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DEAN'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE