

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 Also, if you are adding a course to replace the withdrawn course, you may incur additional tuition charges.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 Office of 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 DATE

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 9th week of class.

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:

_____/_____/_____
EFFECTIVE ACADEMIC DATE

_____/_____/_____
DEAN'S SIGNATURE DATE FOR FINANCIAL PROCESSING