

COURSE WITHDRAWAL FORM

NAME _____ MAJOR _____ DATE _____

STUDENT ID# _____ No. credits before change _____ No. credits after change _____

I acknowledge that changes to my schedule may affect my current and future eligibility for financial aid. (Please see your financial aid counselor for details.) Signature _____

1. Student has been advised on NYS TAP eligibility.

_____ (FA Counselor Signature)

_____ (Student Signature)

2. Student has been advised of pursuit of program:

_____ (Academic Advisor Signature)

I wish to WITHDRAW FROM the following course(s):

DEPT	NO	SEC	TITLE	PROFESSOR	# CR	LAST DAY ATTENDED
<i>BSK</i>	<i>101</i>	<i>RA</i>	<i>BASKET WEAVING</i>	<i>C.F. XAVIER</i>	<i>1</i>	<i>MM/DD/YEAR</i>

BRING COMPLETED FORM IN PERSON TO THE REGISTRAR'S OFFICE

*Withdrawing from a course after the Add/Drop period results in a 'WD' grade on your transcript.