



Withdrawal Form

Student's Name (Print) _____ **Degree Program/Semester** _____

Course Number to Withdraw	Credit Hours	Day/Time	Instructor's Name	Title of Course

Students must contact the Financial Aid Office for any question regarding withdrawal and its effect on the student's financial aid status

<input type="checkbox"/> Withdraw from above course(s) ↑	<input type="checkbox"/> Withdraw from College
<input type="checkbox"/> Withdraw for the Semester and will return for	
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____	

Please check that which matches your reason for withdrawing.
 __ Family __ Inflexible Work Schedule __ Medical __ Moving
 __ Financial __ Jury Duty __ Armed Services __ Other (Explain Below)

 Academic Official's Signature Date

 Date Entered into Diamond-D _____

 Financial Aid Officer's Signature Date

 Registrar's Signature _____ Date _____

 Student's Signature Date

By signing this form, I fully understand the effect of this withdrawal on my projected graduation date, course progression and course prerequisite requirement.