Course Withdrawal Form — Instructions

The Course Withdrawal Form is to be used by students who seek to withdraw from a course during the course withdrawal period of a term. The form must have the signature of the student's academic advisor in order to be processed.

Withdrawing from Quarter Term Courses

Students can use the Course Withdrawal Form from the first day of Week Two (2) to the last Friday of Week Seven (7) of the term to withdraw from a course and earn a grade of “W” for quarter term courses.

This form cannot be used to withdraw from a course after the Week Seven (7) deadline of the term.

Students must obtain the signature of the instructor of the course, as well as their academic advisor, and turn the completed form into Drexel Central in order for the course withdrawals to be processed.

 Withdrawal from Semester Term Courses

When withdrawing from semester term courses, students should refer to the individual semester college or school website for course withdrawal information.

Students must obtain the signature of their academic advisor. Forms should be submitted to the office indicated through the school or college website.

Satisfactory Academic Progress

Students who have received federal financial aid (grants, loans, or work-study) may be impacted by the decision to withdraw from classes. The federal government requires that students who receive aid or loans make Satisfactory Academic Progress (SAP). Please refer to drexel.edu/drexelcentral/sap for more information.

Students are strongly encouraged to confer with a Drexel Central representative to determine if SAP is met prior to withdrawal from classes.
Course Withdrawal Form

First Name ________________________________    Middle Initial ____     Last Name: ______________________________________

University ID  __________________________________________       Drexel Email Address __________________________________

Academic Year ________________

Select the Term for Your Withdrawal
  □ Fall    □ Winter    □ Spring    □ Summer
Select Status
  □ Undergraduate    □ Graduate
Select your Enrollment
  □ Attending Courses    □ Currently on Co-op

College/School/Center:________________________________________________________________________________

Request to Withdrawal from the Following Course(s):

<table>
<thead>
<tr>
<th>CRN# (i.e., 20758)</th>
<th>Subject/Course ID (i.e., ACCT 101)</th>
<th>Section</th>
<th>Credits</th>
<th>Instructor Signature</th>
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Are you withdrawing from all of your classes and/or taking under 12 credits?    □ Yes    □ No

☐ By checking this box, you are confirming that you have reviewed the SAP requirements and understand that the action(s) you are requesting above may impact your financial aid (see SAP information listed on the instruction sheet).

Student Signature: __________________________________________ Date: _____________________

Advisor or Academic Dean Signature: __________________________________________ Date: _____________________

Steinbright Co-op Representative Signature: ______________________________________ Date: _____________________

(If student is participating in co-op at time of request)