COllege of
Mount Saint Vincent

COURSE WITHDRAWAL FORM

DATE: ____________________

Student ID: ____________________ Class_________________________

Student’s Name: ____________________

□ W (WITHDRAWAL BEFORE DEADLINES)

TERM: □ FALL _____ □ WINTER _____ □ SPRING _____ □ SUMMER _____

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INSTRUCTOR MUST COMPLETE THE FOLLOWING INFORMATION

Last Date of Attendance ______________________________

Instructor Signature ________________________________

Date: ____________________

Student Signature: ________________________________

PLEASE USE SELF-SERVICE TO CHECK STUDENTS SEMESTER CREDITS

Student must obtain signatures from the following offices if the number of semester credits drops BELOW 12 credits as a result of this withdrawal.

Financial Aid: ________________ Residence Life: ________________

Castle 2nd Floor Founders Hall – Room 112

Advisor Signature: ________________________________

****IN ORDER FOR WITHDRAWAL TO BE PROCESSED, COMPLETED FORM MUST BE SUBMITTED TO THE REGISTRAR’S OFFICE - FOUNDERS HALL ROOM 233****

Revised: 03-06-2013 Registrar