



LATE COURSE WITHDRAWAL REQUEST FORM

(Refer to the University Calendar for drop/withdrawal dates for courses meeting fewer than 16 weeks)

Registrar's Office, Davidson Hall, Room 116
Phone (860) 832-2236, Fax (860) 832-2250

Name: _____ Student ID: _____
Last First Middle

Address: _____ Major: _____
No. & Street

_____ Telephone: _____
City State Zip Code

POLICY:

Withdrawal from a course will be allowed up to the end of the 12th week of classes* without permission. The student will receive a "W" on the academic record. **After this deadline has passed, withdrawal from a course may be granted and recorded on the student's permanent record as "W" if extenuating circumstances, supported by documentation, are found to justify the withdrawal. Poor academic performance is not considered as extenuating circumstances.** If a student stops attending and fails officially to withdraw from the course, a grade of "F" will be recorded on the student's permanent record. This form is a request to withdraw from a course; approval is at the discretion of the Instructor and Department Chair of the course. **YOU SHOULD CONTINUE ATTENDING CLASS UNTIL APPROVED FOR WITHDRAWAL.**

FULL-TIME STUDENTS: Failure to carry a minimum of 12 credits may affect Satisfactory Academic Progress (SAP) and receipt of certain federal, state and other benefits including but not limited to various financial aid programs, Veteran's benefits and Social Security benefits. Students dropping below 12 credits are ineligible for participation in Intercollegiate Athletics.

PART-TIME STUDENTS: Failure to carry a minimum of 6 credits may affect receipt of certain federal, state and other benefits including but not limited to various financial aid programs.

DEADLINE: This form must be received by the Registrar's Office no later than the last day of the semester or session. Please obtain the signatures of the Instructor and the Department Chair prior to submission to the Registrar's Office.

I request permission to withdraw from: _____ Semester: _____ Year: _____

CRN	Dept & Course #	Section	Title	Credits	Instructor

REASON FOR WITHDRAWAL (Include documentation of extenuating circumstance): _____

SIGNATURE OF STUDENT: _____ DATE: _____

INSTRUCTOR'S NAME: _____

REMARKS: _____

AN AUTHORIZED "W" IS RECOMMENDED YES ___ NO ___ GRADE TO DATE _____

DATE: _____ SIGNATURE: _____

ACTION OF THE DEPARTMENTAL CHAIR: _____

REMARKS: _____

AN AUTHORIZED "W" IS APPROVED YES ___ NO ___

DATE: _____ SIGNATURE: _____