**LATE COURSE WITHDRAWAL REQUEST FORM**

Please complete this form and return to the Office of the Registrar for approval.
Willard-DiLoreto Room D202, 1615 Stanley Street, New Britain, CT 06050
Fax it to 860-832-2250 or email it to regstaff@ccsu.edu

Name:  
Last  
First  
Middle  
Student ID:  

Address:  
No. & Street  
City  
State  
Zip Code  
Major:  
Telephone:  

**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:  

<table>
<thead>
<tr>
<th>CRN</th>
<th>Dept. &amp; Course #</th>
<th>Section</th>
<th>Title</th>
<th>Credits</th>
<th>Instructor</th>
</tr>
</thead>
</table>

**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:  

*Refer to University Calendar for withdrawal dates for courses meeting fewer than 16 weeks*  

Rev 1/03