



Course Withdrawal Request

Name _____ ID Number _____
Address _____
Signature _____ Date _____

Instructions

1. Complete the following information about the courses(s) from which you are withdrawing.

Course Number _____ Professor _____
Course Title _____

Course Number _____ Professor _____
Course Title _____

2. State your reason(s) for withdrawing from the course(s). Use back, if necessary.

3. Do you plan to return to the divinity school? _____

4. Are you receiving Financial Aid? Yes No
If yes, what kind? _____

5. Are you receiving Veteran Benefits? Yes No

6. Have you paid any outstanding balance on your account? Yes No

7. Attach Drop/Add Fee for each course dropped.

8. Please obtain the following signatures.

Professor _____ Date _____

Professor _____ Date _____

Director of Student Records _____ Date _____

Courses can be dropped through the fourth week of the semester. However, the amount of tuition refunded (if any) will depend on the date this form is submitted to the Registrar's Office. When a course is dropped, a "WP" or "WF" will appear on the transcript.