

MONROE COLLEGE

COURSE WITHDRAWAL FORM



STUDENT INFORMATION: PLEASE PRINT

Generated by: Bachelor's Office Graduate Office Online Learning SDO SGS Student Services

Last Name: _____ First Name: _____ ID#: _____

Major: _____ Semester: _____ Contact Phone #: _____

Course Withdrawal: Administrative Withdrawal Voluntary Withdrawal
 Withdrawal Date: _____

Course Number	Sect. #	Course Title	Cr.	LDA

Previous Total Credit Hours: _____

Total Credit Hours Dropped: _____

New Total Credit Hours: _____

Will this have an impact on Federal SAP? Yes No Will this have an impact on State SAP? Yes No

Comments: _____

Student Signature: _____

Counselor Signature: _____

Financial Aid Signature: _____

Bursar Signature: _____

*International Designated School Official: _____

**International students only.*

Withdrawal Completed By: _____

Registrar Signature: _____

Distribution: STUDENT SERVICES BURSAR FINANCIAL AID REGISTRAR STUDENT