

COURSE WITHDRAWAL FORM

Name					ID#	Semester
Not staying full time (attempting less than 12 credits in a semester – 9 for graduate students) may affect financial aid. It is the student's responsibility to be aware of the implications this withdrawal may have on eligibility for various types of financial aid.						
<u>Complete and return this form to the Registrar's Office no later than the deadline date</u> . Consult the academic calendar, available on the web, for the deadline.						
Scho to d	ool O o so Offic	officia may	al PR jeop	IOR t pardiz	o dropping below full time status (ze your current visa status and/or y	quired by U.S. Government regulations to inform a Designated 12 credits for undergraduates, 9 credits for graduates). Failure our ability to obtain a U.S. visa in the future. Please contact tional@purchase.edu or 914-251-6032) before submitting this
I WOULD LIKE TO WITHDRAW FROM THE FOLLOWING COURSE(S): CRN#						
Course Title						Date
]	
					Course Title	Date
	Your signature is required. In signing this you are confirming that you are aware of how this may impact your eligibility for financial aid.					You are required to confirm the number of credits you will be taking after this withdrawal is processed.
			_			I will still be taking credits after this withdrawal is processed.
	Student Signature Date For students going from full time to part time status:					Athletes must have this form signed by the Athletic
	The student has met with a financial aid advisor and has been made aware of possible changes in their financial aid eligibility and any potential charges they may incur on their semester bill.					Director or designee:
			_	Finar	ncial Aid Adv. Date	Athletic Director Date
				i ii iui	Total / Na /	

Check your grades on myHeliotrope to verify that the W grade has been processed.