

Withdrawal Form



Records, Registration, & Veteran Services Office
 3838 Livernois Road, P.O. Box 7006, Troy, MI 48007-7006
 P 248-823-1660 ■ F 248-823-1662 ■ records@walshcollege.edu

ID#	Name	Program of study
		<input type="checkbox"/> Graduate
Home #	Business #	<input type="checkbox"/> Undergraduate
	Cell #	<input type="checkbox"/> Other
Address		Semester
		<input type="checkbox"/> Fall 2018
		<input type="checkbox"/> Winter 2019
		<input type="checkbox"/> Spring 2019
		<input type="checkbox"/> Summer 2019

- According to College policy, you may withdraw from the same course only twice during your academic career.
- A letter grade (A – F) will be issued when a previously withdrawn course is repeated for the third time.
- Students may withdraw from classes starting day 15 of the semester through the 9th week of the semester (for 11 week courses).

Department	Course #	Section #	Title	Hours	Office Use

XWTH
 STHI
 NA

Why are you withdrawing from the listed classes? Please check the one most significant reason.

- | | | | |
|---|-------------------------------------|--|--|
| <input type="checkbox"/> Academic difficulty | <input type="checkbox"/> Medical | <input type="checkbox"/> Course load | <input type="checkbox"/> Program satisfaction |
| <input type="checkbox"/> Personal/family | <input type="checkbox"/> Financial | <input type="checkbox"/> Instructor | <input type="checkbox"/> Prefer different format (e.g. on ground vs. online) |
| <input type="checkbox"/> Work conflict | <input type="checkbox"/> Relocation | <input type="checkbox"/> Course satisfaction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Change (change class/day/campus/program, etc.) | | | |

Comments:

Authorization: I authorize Walsh College to withdraw me from the courses listed above. I understand that there is no tuition refund given for withdrawn courses, I must pay any balance that may be outstanding, and a grade of "W" will appear on my transcript. I am responsible for understanding how my withdrawal from classes will affect my financial aid status.



Signature _____ Date _____

**A handwritten signature is required prior to processing.
 Text signatures will not be accepted.**