

UNIVERSITY OF PIKEVILLE

COURSE WITHDRAWAL FORM

The Course Withdrawal Form must be completed, signed, and submitted by the student to the Registrar's Office for processing in order to be officially withdrawn from a course in accordance with the dates stated on Academic Calendar for that term.

Student Name (PLEASE PRINT) _____
First Middle Last

UPIKE ID # _____ Telephone _____

E-Mail Address _____

Term/Year _____ Course to be withdrawn from:

Department	Number	Section	Course Title

Reason for Withdrawal (CHECK ALL THAT APPLY):

- | | | |
|---|---|---|
| <input type="checkbox"/> Behind in Course Work | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Didn't Like Instructor |
| <input type="checkbox"/> Course Too Difficult | <input type="checkbox"/> Change in Major | <input type="checkbox"/> Didn't Like Course |
| <input type="checkbox"/> Faculty Recommendation | <input type="checkbox"/> Changed Mind | <input type="checkbox"/> Financial Difficulties |
| <input type="checkbox"/> Excessive Absences | | |

Other _____

By signing this form, I acknowledge that I understand and accept the consequences of withdrawing from this course. Though the 'W' (Withdraw) is a non-punitive grade, it counts as an attempt and affects the repeat course policy. The consequences may include, but are not limited to:

1. a delay in completion of graduation requirements.
2. a negative impact on Satisfactory Academic Progress, as required by Financial Aid.
3. loss of financial aid due to change in load (full-time/part-time) status.
4. loss of athletic eligibility.
5. possible removal from campus housing.
6. changes in pre-registration for the next term.

Student Signature

Date

Assigned Academic Advisor Signature

Date

REGISTRAR'S OFFICE USE ONLY	
PROCESSED BY _____	HOURS BEFORE _____
DATE PROCESSED _____	HOURS AFTER _____