

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be completed, signed, and submitted by the student to the Registrar's Office for processing in order to be officially withdrawn from a course in accordance with the dates stated on Academic Calendar for that term.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Term/Year _____ Course to be withdrawn from: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):

- Behind in Course Work Personal Reasons Didn't Like Instructor
 Course Too Difficult Change in Major Didn't Like Course
 Faculty Recommendation Changed Mind Financial Difficulties
 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. Delay in completion of graduation requirements.
2. 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.

Are you an athlete
Yes ___ No ___

Student Signature Date

Assigned Academic Advisor Signature Date

Financial Aid Signature Date

Housing Signature Date

FAR/AD/Asst AD Signature Date

REGISTRAR'S OFFICE USE ONLY

PROCESSED BY _____

DATE PROCESSED _____

HOURS BEFORE _____

HOURS AFTER _____