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|   DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_**WITHDRAWAL FROM A CLASS FORM**

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| NAME | ID# |
| COURSE # | COURSE TITLE |
| INSTRUCTOR’S SIGNATURE | ADVISOR’S SIGNATURE |
| COACH’S SIGNATURE | FACULTY ATHLETIC REP’S SIGNATURE |

***Check that you have considered the following before deciding to withdraw from a class:******\_\_\_\_Financial Aid/Scholarships \_\_\_Athletic Eligibility \_\_\_Veteran’s Benefits \_\_\_Health Insurance Benefits******\_\_\_\_Housing \_\_\_On-Campus Employment \_\_\_How this will impact my graduation date******IF YOU ARE AN ATHLETE YOU MUST RECEIVE SIGNATURES FROM YOUR COACH AND THE FAR!*** |  |