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