



## Application for Course Withdrawal

Return by email ([asmart@sterling.edu](mailto:asmart@sterling.edu)) or fax (620-278-4486)

Student Name: \_\_\_\_\_ Sterling College ID # \_\_\_\_\_  
Last First Middle

Current Course(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Session Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

### Hours of enrollment:

Fall I: \_\_\_\_\_ Fall II: \_\_\_\_\_ Spring I: \_\_\_\_\_ Spring II: \_\_\_\_\_ Sum I: \_\_\_\_\_ Sum II: \_\_\_\_\_

### Session(s) and hours withdrawn from:

Fall I: \_\_\_\_\_ Fall II: \_\_\_\_\_ Spring I: \_\_\_\_\_ Spring II: \_\_\_\_\_ Sum I: \_\_\_\_\_ Sum II: \_\_\_\_\_

Please provide a brief description for reason(s) of withdrawal:  
\_\_\_\_\_  
\_\_\_\_\_

To be filled out by student

***The withdrawal is complete when this signed form is received by Sterling College.***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Sterling College office use only

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date turned into Financial Aid: \_\_\_\_\_ by: \_\_\_\_\_

Withdrawal status: \_\_\_ during add/drop \_\_\_ after add/drop \_\_\_ between sessions \_\_\_ between semesters

Days attended class: \_\_\_\_\_ Billing Amount: \$ \_\_\_\_\_