

COURSE WITHDRAWAL FORM (WP/WF)

Instructions for completing this form: (Please read very carefully)

1. Student: Fill out the information below.
2. Registrar's Office Staff: Notify instructors of the student's request for withdrawal from a course.
3. The Registrar's Staff will process the form, save a copy in the student's file and inform the student of the final result.

STUDENT & COURSE INFORMATION

Students, please complete the fields below, then forward to the Office of Financial Aid for signature.

Date: _____ Semester/Year: _____

Course Prefix: _____ Course Title: _____

Day(s): _____ Time of Class: _____

Professor's Name: _____

Student's ID#: _____

Student's Name: _____

Course Withdrawal

By withdrawing from this course, I understand I am in jeopardy of losing any FRAG tuition assistance grant afforded me for next academic year. By signing I, _____, acknowledge and understand the requirement that I **must** complete **12** credit hours each semester to continue enrollment in the Florida Resident Access Grant tuition assistance program.

I also understand that this form will be submitted to my instructor to verify date last attended, and assign a grade of WP/WF. (A response may take 24 - 48 hours)

Student's Signature: _____ Student Email: _____

Financial Aid Officer: _____ Date: _____

REGISTRAR'S OFFICE ONLY

Course Number	Course Section Number	Course Name	Last Date of Attendance	Grade	
				WP	WF

Date Received: _____

Date of Instructors' response: _____

Date processed: _____

Processed by: _____

Date student notified: _____