CWF

South Baylo University

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COURSE WITHDRAWAL FORM

Information: Students may withdraw from courses after the Add/Drop period until the end of seventh week. A grade of "W" will be recorded in the classes dropped upon approval of this form. *No withdrawals are permitted during the final three weeks of instruction except in cases such as accident or serious illness.* A grade of "W" is not included in the CGPA and QGPA calculations, but is counted in the calculation of the Minimum Completion Percentage and the Maximum Time Frame (MTF).

TERM: 20___ ❑ **Winter** ❑ **Spring** ❑ **Summer** ❑ **Fall**

Student Information

Student name: _____ **ID#** _____
Last *First* *Middle*

Program: ❑ **MSAOM** ❑ **DAOM** **Email:** _____ **Phone:** _____

❑ **Financial Aid Student:** If yes, you should contact the Financial Aid Officer to discuss the implications of course withdrawal(s).
❑ **F1 International Student:** If yes, student must obtain approval from the International Student Advisor or the withdrawal may be revoked.

Withdrawal Reason

Please elaborate in detail (include additional page(s) as necessary) and attach supporting documentation, if necessary.

Course/Internship Information

I am withdrawing from ALL my classes for this term: ❑ Yes ❑ No

Campus AN / LA	Course #	Course Title	Program CN / EN / KR	Instructor	Instructor's Signature (REQUIRED)
❑ ❑			❑ ❑ ❑		
❑ ❑			❑ ❑ ❑		
❑ ❑			❑ ❑ ❑		

Campus AN / LA	Internship Session Date	AM / PM	Phase OB / SP / IP	Hours	Clinic Director's Signature (REQUIRED)
❑ ❑		❑ ❑	❑ ❑ ❑		
❑ ❑		❑ ❑	❑ ❑ ❑		

I certify that all information contained herein is correct and complete and I understand that approval obtained to withdraw from classes will be applied to the Refund Policy. I am aware of the impact of dropping enrollment below 12 units for the MSAOM or 8 units for the DAOM to a student who receives financial aid, veterans' benefits, or who is in a visa status.

Student Signature: _____ Date: _____

Please obtain the signatures that apply to you.

International Student Advisor (If you are F1 student): _____ Date: _____

Financial Aid Officer (If you are a financial aid student): _____ Date: _____

Submit completed form to the Academic Office. *Incomplete forms will not be processed.*

For Office Use Only

Academic Dean: ❑ *Approved* ❑ *Not Approved* *Signature:* _____ Date: _____

Director of Finance: *Signature:* _____ Date: _____

Recorded by Registrar: *Signature:* _____ Date: _____