



UNDERGRADUATE COURSE WITHDRAWAL FORM

Office of the Registrar

181 White Street, Old Main 102
Danbury, CT 06810
Phone: (203) 837-9200
Fax: (203) 837-9049
www.wcsu.edu/registrar

(FOR GRADUATE COURSE WITHDRAWALS, PLEASE VISIT GRADUATE OFFICE OR WCSU.EDU/GRADUATE)

Semester: Fall Intersession Spring Summer 20_____ Date_____

Name: _____ WCSU ID.: _____
LAST FIRST MI

Has your name or address changed? No Yes (please complete a change of name/address form)

I am requesting permission to withdraw from the following course(s):

5-DIGIT CRN	SUBJECT	COURSE NO.	2-DIGIT SECTION

Reason for withdrawal:

Personal Financial Aid Other _____

Check if you are receiving:

Financial Aid Veterans Benefits

Student's signature: _____ Date: _____

Note: Withdrawing from a course may have financial aid implications. Please check with the Office of Financial Aid and Student Employment before submitting this form. Students may withdraw from a full-semester course, without penalty, prior to the first day of finals. Withdrawals are recorded on your transcript with a grade of "W" which does not have an impact on your GPA.



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