



Southern University and A&M College

COURSE WITHDRAWAL FORM

Please print legibly using blue or black ink.

ID# _____ Last Name: _____ First Name: _____

Email Address: _____ Phone Number: _____

Term: FALL 20 _____ SPRING 20 _____ SUMMER 20 _____

What is your reason for withdrawing?

- Time conflict Failing course Problem with professor Problem with other students
 Other: _____

Please explain: _____

If you receive financial aid and withdraw from a course (even during the 100 percent refund period), it is possible that you will owe money to the institution, state and/or federal financial aid programs.

RETURN THIS FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING

This is to request that I be withdrawn from a course(s) subject to all regulations regarding withdrawal, financial aid and refunds.

LIST COURSE AND SECTION (EX., ENGL 110)	LIST COURSE AND SECTION (EX., MATH 130)

Signature _____ Date: _____

The following department signatures are required for processing.

Instructor: _____ Date: _____

Advisor: _____ Date: _____

Financial Aid: _____ Date: _____

Registrar's Office: _____ Date: _____