

Course Withdrawal

Misenheimer Undergraduates

<u>Student</u>: Fill in and complete your portion (top section/before box) of this form before giving it to your instructor for processing. *If you are a student athlete*, the Athletic Director or representative <u>must</u> also sign below.

	Stu	dent ID:
Student Name:Las	t, First,	Middle Initial
	•	
Course Title:		
I understand that I will receive a gra	ade of WP (withdraw passir	ng) or WF (withdraw failing) at the
instructor's discretion. (WF is comp	uted as an F in your GPA).	I also understand that my financial aid
may be impacted by this withdrawa	I depending on the day tha	t I last attended this course.
Student :		Date:
Academic Advisor:		Date:
NCAA Compliance Officer:		Date:
Current semester hours (before course	withdrawal): Se	emester hours after withdrawal:
INSTRUCTOR: Please complete th	e information below and s	can back within 48 hours after receiving
this request. Scan document to:	kim.smith@pfeiffer.edu	or to <u>robin.listerman@pfeiffer.edu</u>
Instructor's name (please print):		
The above student's last date of att	endance to my course was	Month / day / year
The following grade is to be the fina	l grade for the above ment	cioned student (<u>circle one only</u>):
WP WF W	(student qualifies for	r "W" grade-1 st Semester Freshman)
Instructor's :	Da	ate://

Do <u>not</u> give this form back to the student. Instructor must return this form to the Registrar.