

BREVARD COLLEGE

*Withdrawal from Enrollment in a Course*

Full Name of Student \_\_\_\_\_ Brevard College ID: \_\_\_\_\_  
(Please Print Name.)

Advisor \_\_\_\_\_

GRADE OF "W"

Course Code and Number \_\_\_\_\_ Semester Hours \_\_\_\_\_ Name of Course \_\_\_\_\_

Instructor \_\_\_\_\_

Reason/Comments \_\_\_\_\_

The student must meet with their advisor, the course professor, and if a varsity athlete, the Director of Compliance to discuss the implications of the withdrawal and to complete this form.

Dropping below 12 semester hours will affect eligibility for

- coverage under parents' medical insurance
- financial aid
- athletic eligibility
- full Veterans Administration benefits
- a residence hall room
- Visa status

\*\*\*For financial aid Satisfactory Academic Progress (SAP) standards, grades of withdrawal are counted as attempted hours, but not passed. \*\*\*

The student is to return this completed, signed form to the Office of the Registrar, Beam Administration Building.

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_

Date \_\_\_\_\_

LAST DATE OF CLASS ATTENDANCE \_\_\_\_\_  
(To be completed by Instructor)

Date \_\_\_\_\_

Signature of Advisor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Director of Compliance \_\_\_\_\_

Date \_\_\_\_\_

Signature of Registrar \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* NOTE: Withdrawal from a course is NOT OFFICIAL UNTIL DATED as "RECEIVED" in the Office of the Registrar. \*\*\*

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

OFFICE USE ONLY

\_\_\_\_ Advisor  
\_\_\_\_ Director of Compliance  
\_\_\_\_ Instructor  
\_\_\_\_ Student