

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 _____
Name of Course _____
Semester Hours _____
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 - full Veterans Administration benefits
- financial aid - a residence hall room
- varsity athletic eligibility - 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 _____
Printed Name & Signature of Instructor _____ Date _____
LAST DATE OF CLASS ATTENDANCE _____
(To be completed by Instructor) Date _____
Printed Name & Signature of Advisor _____ Date _____
Signature of Director of Compliance (Varsity Athletes ONLY) _____ 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