

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 an athlete, the Director of Compliance to discuss the implications of the withdrawal and to complete this form.
Dropping below 12 semester hours CAN affect eligibility for
- coverage under parents' medical insurance - full Veterans Administration benefits
- financial aid - a residence hall room
- 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 or email it from their Brevard College email to registrar@brevard.edu.

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 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