

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
- 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 _____

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