

Student I.D. \_\_\_\_\_ Student's Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
(Mailing Address City, State, Zip) (\_\_\_\_\_) Phone

Course Info: \_\_\_\_\_ Title: \_\_\_\_\_  
Subject Area Course # CRN #

- Are you receiving financial assistance from:  WCU  VA or GI Bill  Other \_\_\_\_\_
- Are you graduating this term?  Yes  No
- Are an international student?  Yes  No
- Are you in Distant Education?  Yes  No
- Are you a student athlete?  Yes  No

By signing, I acknowledge that this decision has consequences that can affect my academic standing, some of these are:

- No refund of tuition or other fees apply to a withdrawal.
- "W" grades will appear permanently on the transcript.
- "W" grades do not affect the GPA but might prolong the time it takes to obtain a degree.
- "W" grades do not count toward full-time (12 hrs undergraduate) (9 hrs graduate) enrollment.
- Financial Aid, scholarships, athletic eligibility, insurance and student loan certification may be affected for students who fall below full-time status.

There may be alternatives that are more to your advantage than withdrawal.

Before making the final decision to withdraw from a course, it is in your best interest to discuss your academic situation and explore all of your options with your instructor and academic advisor.

Prior to the expiration of one-half of the term (Instructor and Advisor Signature not required).

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

After the expiration of one-half of the term (instructor and Advisor Signature required).

Before the last day of the thirteenth week of the semester, (or before the last two class of summer session), a "W" grade will be assigned **ONLY** for mental health, medical, legal, or administrative reasons. *The student must obtain signatures verifying support for the course withdrawal in the spaces below in the following order: **First, the course instructor. Second, the Student's advisor. Third, the appropriate signature from WCU Health Services staff, Counseling and Psychological Services staff, an official of a court of law, or the department head of the department offering the course.***

\_\_\_\_\_  
Instructor's Signature Date Advisor's Signature Date

Written Verification of Support:  Mental Health  Medical  Legal  Administrative

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_