

SAINT ANSELM COLLEGE
Course Withdrawal Form (After Mid-semester)

Part I – To Be Completed by the Student

Student's Name Year of Graduation Major Today's Date

Student ID number

Course From Which You Are Withdrawing: **Course Name/ Number/Section:** _____

Last Date of Attendance: _____ Professor's Name: _____

Reason for Withdrawal: _____

✓ (Student: Please bring this form to your Professor for discussion and completion of Part II.)

Part II - To Be Completed by the Professor whose class is being dropped.

To: Professor _____

The above student wishes to withdraw from the course listed above. Please indicate whether this should be a:

_____ W (withdraw passing) OR _____ WF (withdraw failing)

Professor's Signature

Date

✓ (Professor: When Parts I and II are completed, please have the Student take this form to his/her Advisor.)

Part III - To Be Completed by the Primary Advisor

Primary Advisor's Name: _____

Primary Advisor's Comments on Withdrawal: _____

Primary Advisor's Signature

Date

✓ (Primary Advisor: When Parts I, II and III are completed, please have the Student take this form to the Office of the Dean of the College.)

Part IV: To Be Completed by the Dean of the College

To: Registrar's Office

From: Dean of the College: _____

Date

Please assign the notation of _____ to the indicated course for the student listed above.

cc: Original to Student's File Professor Primary Advisor Student Financial Services Registrar Dean's Copy