SAINT ANSELM COLLEGE

Course Withdrawal Form (Week 2 to 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 Advisor for discussion and completion of Part II.)**

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Part II - 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 and II are completed, please have the student return this form to the Office of the Dean of the College on the first floor of Alumni Hall.)**

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Part III - To Be Completed by the Dean of the College

To: Registrar's Office

From: Dean of the College: _____ _____

Date

Please withdraw the student listed above from the indicated course.

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cc: Original to Student's File Professor Primary Advisor Business Office Registrar Dean's Copy

Revised 7-14-14