THE COLLEGE OF SAINT ROSE
COURSE WITHDRAWAL FORM

FALL_____SPRING_____SUMMER I_____SUMMER II_____TERM 20_____

ID number:_____Name:_____
Last First

Phone:_____ Date: _____

Check here to withdraw from ALL courses: ☐

CRN	Subj.	Crse #	Sect.	Credits	Grade	Reason
					W	
					W	
					W	
					W	
					W	
					W	
					W	
					W	
					W	
					W	
					W	

Total Credits: _____

These statements must be read by ALL students:

The College of Saint Rose strongly urges you to consult the Financial Aid and Bursar Offices for a clear understanding of your financial responsibilities.

I understand that I should speak with the Financial Aid Office if I am withdrawing from one or more courses as these actions could have implications on my current and future financial aid eligibility. My financial aid will be prorated according to my date of withdrawal. Should this change put me below full-time status (Graduate 9 credits, Undergraduate 12 credits) I understand that there may be implications on my current and future financial aid eligibility. _____ (Student's Initials)

I understand that I should speak with the Bursar Office if I am withdrawing from one or more courses as these actions could impact my account balance. I understand that if I am withdrawing from all courses I will be responsible for tuition and fees according to the published withdrawal schedule. _____ (Student's Initials)

I understand that I should speak with my Academic Advisor if I am withdrawing from one or more courses so we can discuss the effect of my withdrawal on my academic progress. _____ (Student's Initials)

___ Yes, I am a Student Athlete. If I will be below full-time status as a result of this withdrawal, I understand I need to speak with the Director of Athletics to understand how this impacts my eligibility. _____ (Student's Initials)

By signing below, I acknowledge that I have been made aware of the possible consequences resulting from this change in my registration and I accept full responsibility for them.

_____
Signature