

COURSE WITHDRAWAL FORM

Forms are valid only through the official withdrawal date

*see the Academic Calendar for deadlines.

NAME:	
PHONE:	EMAIL:
STUDENT#	DATE:
SEMESTER:	SUBJ:
CRN (4 digit #)	COURSE #
COURSE TITLE:	
Student's Signature:	
Date:	
Advisor's Signature:	
Date:	
Instructor's Signature:	
Date:	
If withdrawing from this class puts you below 3 units please check with your advisor to ensure it does not <i>affect your anticipated graduation date or your athletic eligibility.</i>	
Note: You will not receive a refund of course fees when withdrawing from a course.	
<u>CHECK IF APPLICABLE:</u>	
<input type="checkbox"/> I participate in Albion College Athletics	
<input type="checkbox"/> I am attending Albion on an F1 Visa	

Submit Completed Form to the Office of the Registrar.