

COURSE WITHDRAWAL AGREEMENT FORM

A completed course withdrawal agreement form is required for each course from which a student is withdrawing. The form(s) must be returned to the official designee in the office of your program (Office of Student Services or Distance Degree Programs) for routing and approval.

Student name (last, First)		Student ID number		Date	
Course number	Course title/ Course Director		Year		
and pay full tuition and t grade of W is a prerequ being allowed to enroll i	a grade of W for a course in the required cu ees for the repeated course. If the course(s isite for other course(s), the course(s) must n course(s) for which the course(s) are prere nt's transcript for the course but it will not im	s) in which the st be completed pr equisites. A per	udent recei for to the st manent gra	ved a udent	
Provide reason for wit	hdrawal. (To be completed by student)	1			
Withdrawal deadline	e date (as specified in syllabus)				
Student signature			Date		
Course director signate	ure		Date		
	permission of the course director(s) car ne/she has officially withdrawn from the		tinue to at	tend a	
The student has been	approved to continue to attend the cou	rse:	Yes	No	
Description of approv	ed course participation (to be completed	by course dire	ector).		

Date received by OSS/DDP: _____(Initials)

If seeking to withdraw after the withdrawal date deadline listed in the course syllabus, Scholastic Advancement and Appeals Committee (SAAC) approval is required.

SAAC Chair signature

To be completed by student:

I have read, understand and had my questions answered regarding procedures for course withdrawal found in the Scholastic Advancement and Appeals Policy.

I agree to abide by the above terms relating to my attendance in the course from which I have withdrawn.

I understand that I may not be allowed to participate in any assessments or other activities related to the course.

I understand that to return to school after a withdrawal period I must contact the office of the program in which I am enrolled (OSS/DDP) at least 45 calendar days prior to the first day of class for the semester in which I return.

I have received a copy of this agreement.

Student signature

Official designee signature (check one below)

_____ Entry-level Pharm. D. Program designee (OSS)

____ Distance Degree Programs designee (DDP)

Copy provided to student

For office use only:

Copy in student file

(Rev.1/20/16)

Date

Date

Date