

Date Received: _____

Received By: _____

Date Processed: _____

Course Withdrawal Request

Please obtain all required signatures prior to submitting this form to the Office of the University Registrar. This form should be used to request a withdrawal from an individual course; please refer to [FPU-5.01034AP](#) - Student Withdrawal From a Course Policy. **If seeking to withdraw from ALL courses for the semester, you must complete a [Student University Withdrawal Request \(FPU-5.01032AP\)](#).** Withdrawn courses may be subject to the [Excess Credit Hour Surcharge](#) policy for Undergraduate Students.

LAST: _____ FIRST: _____ MI: _____

STUDENT ID: _____ EMAIL: _____@floridapoly.edu

Level: Undergraduate Graduate Non-Degree Semester: _____ Year: _____

Course Withdrawal Reason (**REQUIRED**): _____

Step 1: Enter Course Information (Submit one form per course if withdrawing from more than one course)

Course Title	Course Prefix	Course Number	Course Section	Credits

Step 2: Obtain All Required Signatures (Signatures 3 and 4 are only required if applicable to student)

By signing below, you are confirming that you have been notified of student's desire to withdraw from the above course.

1. Instructor's Signature: _____ Date: _____

a. If student is receiving VA Benefits, please provide their last date of attendance: _____

2. Academic Advisor Signature: _____ Date: _____

3. Financial Aid Office Signature: _____ Date: _____

(Required if student is receiving any form of financial aid; grants, loans, scholarship, prepaid program, etc.)

4. International Student Services Signature (**If applicable**): _____

Step 3: Student Confirmation

My signature confirms that I understand the course withdrawal policy and have considered the potential impact this withdrawal may have on my financial aid, academic standing, excess credit, expected term of graduation and future enrollment which this course may be a prerequisite. I request to be withdrawn from this course.

Student's Signature: _____ Date: _____