

## Course Withdrawal Form (FPU-5.01034AP)

This form is used to withdraw from an individual course(s) as described in University policy **FPU-5.0034AP Student Withdrawal from a Course**. If this is the student’s only course for the semester, then the [Student Withdrawal Form](#) should be used instead (see FPU-5.01032 Student Withdrawal from the University). Before a student withdraws from a course, the student should consider the potential impact on the student’s status, eligibility, and services, and therefore, the student should contact applicable offices such as the Faculty Advisor, Office of Financial Aid, Office of Academic Affairs, International Student Advisor (if student is an international student) before withdrawing from a course.

The student must complete this form and get it signed by University officials as indicated below under “Required Approvals and Signatures”. The student must submit the completed form to the Office of the University Registrar via email or delivery. The withdrawal process is not considered complete until the Registrar accepts the completed form.

Student UID Number: \_\_\_\_\_ Email: \_\_\_\_\_@FLPoly.org

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Status: Undergraduate                      Graduate

Withdrawal for Semester: Spring                      Summer                      Fall                      Year: 20\_\_\_\_\_

Is student receiving Veteran’s Benefits? (If yes, instructor must enter a last date of attendance below.)      Yes                      No

Is student receiving financial aid? (If yes, a Financial Aid signature is needed below.)                      Yes                      No

**Student is requesting withdrawal from the following course:**

Course Title	Course Prefix	Course Number	Course Section	Credits

Student’s reason for withdrawing from the course: \_\_\_\_\_

Course Instructor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If student is receiving VA Benefits, Instructor must provide student’s last date of attendance in the course: \_\_\_\_\_

Instructor’s Initials: \_\_\_\_\_

Faculty Advisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Signature (If receiving financial aid): \_\_\_\_\_ Date: \_\_\_\_\_

International Student Advisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing (if hand delivering) or typing (if submitting via email) my name below, I am certifying that this is my signature, and I am requesting that I be withdrawn from this course.**

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar to Complete:**

Completed form received by Registrar on: \_\_\_\_\_ Processed in CAMS on: \_\_\_\_\_ by: \_\_\_\_\_