

Date Received: _____

Received by: _____

Date Processed: _____

Course Withdrawal Request

Please complete all required fields in pen and obtain all required prior to submitting form to the Office of the Registrar. This form to request withdrawal from individual course(s); please refer to [FPU-5.01034AP](#) Student Withdrawal Policy. **If seeking to withdraw from all courses for the semester, you must complete a Student Withdrawal Request** (see [FPU-5.01032](#) Student Withdrawal from the University Policy).

LAST: _____ FIRST: _____ MI: _____

STUDENT UID: _____ EMAIL: _____@floridapoly.edu

Status: Undergraduate Graduate Withdrawal 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 (Field Numbers 3-4 are 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 Success Coach 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 Advisor's 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 academic standing and eligibility. I request to be withdrawn from this course.

Student's Signature: _____ Date: _____