

Course Withdrawal Form



Student Name: *(please print)* _____ **Clark ID#:** _____

College/School: *Undergraduate* *Graduate* *SOM* *SPS Undergraduate* *SPS Graduate*

This form should be used to withdraw from a single course. To withdraw from the University, please see the Dean of Students or the dean of your college or school. As a result of a withdrawal, a grade of “W” will appear on your academic record and you are subject to the refund policy. The decision to withdraw from a course may impact you in a variety of ways, such as: progress towards graduation, ability to enroll in subsequent classes, financial aid, immigration status, health insurance, scholarships, and athletics. For questions regarding academic implications, please contact your academic advisor. For all other questions, please contact the appropriate office. Please seek advice, if needed, before withdrawing from your course as this action is not reversible.

Please enter complete course information:

Select SEMESTER: fall - spring - summer - Intersession - May		YEAR: _____
CRN		
SUBJECT		
COURSE NUMBER		
COURSE TITLE		

By signing this form, I understand the implications of this course withdrawal and wish to proceed.

Student Signature: _____ **Date:** _____

Please return completed form to the Registrar’s Office, 939 Main Street, Shaich Alumni & Student Engagement Center, Room 305 by the deadline.

Office of the University Registrar

www.clarku.edu/offices/registrar

registrar@clarku.edu

508-793-7426

For Internal Use Only *Processed by:* *Date:*