

Course Drop/Withdrawal Request Form

Date:				
	☐ College of Arts and Scien	ces 🖵	College of Business	
	☐ College of Engineering	_	College of Pharmacy and Health Sciences	
Name:				
Last			First	Middle Initial
ID Number: WNE Email:				
Students are expected to consult with the advisor or Dean's Office before any changes are made in the student's schedule. All changes must be reviewed by the advisor or Dean's Office.				
**Students are strongly encouraged to speak to their Financial Aid Counselor prior to dropping or withdrawing below 12 total undergraduate credits for the semester (full-time status) for any potential impact to the student's Financial Aid.				
Please note: This form is not for Withdrawing from the University, taking a Leave of Absence, or taking a Medical Leave. Please find the appropriate form with instructions here: Registrar Forms				
 DROP: During the first two weeks of Fall and Spring semesters, courses may be dropped directly by students in Self-Service without the mark of "W" on their transcript. See Academic Calendar for the exact semester's dates: Academic Calendar 				
a mark of "V	op period has ended (see above) o	ted last	nd Spring semesters, students may still withdraw from a day to do so on the <u>Academic Calendar</u> Dean's Office	a course with
С	ourse # Sec	tion	Abbreviated Course Title	
**Total Credits registered for this term, including the above changes:				
Student Signature:				
I accept responsibility for my course schedule, including the above change(s).				

EMAIL THIS COMPLETED FORM TO:

College of Arts and Sciences Herman Hall, Room 205 Phone: 413-782-1279

Email: coas@wne.edu

College of Business Churchill Hall, Room 214

Phone: 413-782-1231

Email: cob@wne.edu

College of Engineering Sleith Hall, Room 101

Phone: 413-782-1271

Email: coe@wne.edu

College of Pharmacy and Health Sciences Center for Sciences and Pharmacy, Room 216

Phone: 413-796-2333 Email: coph@wne.edu