College of Science
Request to Apply Course Withdrawal Policy
(revised Fall 2017)

Instructions: University Course Withdrawal Policy allows currently enrolled students to designate a course status of Course Withdrawn (CW) for up to a maximum of three (3) courses. This request must be turned into the College of Science Dean's office by the last day of classes of the term enrolled for the course(s). You must schedule an appointment with your academic advisor to process this request. Course(s) with a status of CW will appear on Hokie Spa after final grades and on your transcript with a W grade, but will not count in your GPA hours nor in any GPA calculations. You are eligible to apply only the unused portion CW Policy.

Part I: Before completing Part II & III, answer the following questions:

- Did you use Late Course Withdrawal previously? YES NO
- If yes, circle the number of courses previously withdrawn: 1 2 3
- Do you currently have any holds on your account? YES NO
  (This form cannot be processed until they’re removed.)

Part II: Apply Course Withdrawal Status to the following course(s):

<table>
<thead>
<tr>
<th>CRN</th>
<th>Abbreviation (e.g., MATH)</th>
<th>Course Number</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
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Part III: Explanation and Verification

1) What is your current grade in this class? _____ When did you last attend class? __________
2) Why are you withdrawing from the course? ____________________________________________

_________________________________________________________________________________

Student ID No.____________________ Name:____________________________

Major:________________________ Email:____________________ Phone:_______________

Term/Year____________________ Date:______________________________

I understand that this request is irrevocable and unappealable and does not result in the refund of any fees. I also understand that the course withdrawal policy may not be applied to courses with honor system penalties associated with them.

Student Signature:_____________________________________________________

Advisor Signature:_________________________ Print:_______________________

RETURN FORM TO 4300 NORTH END CENTER