

Course Withdrawal Form

Office of the Registrar, Feldman 158
www.fitnyc.edu/registrar



1. Complete the student section below
2. Have your professor sign the top of the form and also include your last date of attendance from their roster
3. Return this form to the Registrar's Office, Feldman 158, within 48 hours of obtaining your instructor's signature. Incomplete forms will not be accepted.

INSTRUCTOR SECTION:

I acknowledge that the student is withdrawing from my course and that the course information and last date of attendance is correct.

Student's last date of attendance in your class: _____ **[REQUIRED]**
MM/DD/YY

Instructor Signature

Instructor Name (Please Print)

Date

Instructor E-mail Address

Extension/Phone #

STUDENT SECTION:

Student Name

@ _____
Student ID#

Term

Course Number & Section (EN 121, sec 401)

CRN

Course Name

Professor's Name (professor must complete the section above)

Reason for withdrawal

Student E-mail Address

Student Phone Number

- This form may only be used to withdraw from a course through the last day of the thirteenth week of the term. Official withdrawal will not be permitted after that date. (In a winter session, this form may be used until the ninth day of the term; In a summer session, this form may be used until the thirteenth day of the term.)
- A grade of **WD** will appear on your final transcript. This grade **DOES NOT** affect your GPA. Please refer to the Undergraduate Catalogue for more information.
- If you **DO NOT** provide this form to formally withdraw, you will be granted a WF grade, which will negatively impact your financial aid and student record.

Any course withdrawal can result in partial or full tuition and fees liability and/or cancellation of your financial aid such as Excelsior, PELL, TAP, Stafford Loans etc. It is recommended that you consult with a Financial Aid counselor prior to withdrawing to learn how withdrawing may affect your awards. Students should speak to an academic advisor (EOP students should consult their EOP counselor) prior to withdrawing. In addition, if this course withdrawal brings your registration below 12 credits (full time status) your student visa status, housing, medical, and auto insurance may also be affected.

I have read and understand the above conditions regarding course withdrawals and hereby authorize FIT to withdraw me from the course listed above.

Signature _____

Date _____