

**Loyola University New Orleans
School of Nursing**

Course Withdrawal Form for Online Students

Course name: _____ Instructor's name: _____

Directions for completing the form: Please fill in the year, term, your name, your SSN, course number as found on LORA (e.g., NURS-C100-001), and sign your name.

Please answer each of the following questions:

[][] YEAR	[][] TERM <small>Fall-F Spring-S Summer-M</small>	[][][][]-[][][][]-[][][][] SOCIAL SECURITY NUMBER	PRINT: LAST NAME FIRST NAME				
ADVISOR'S SIGNATURE			[][][][] SUBJECT	[][][][] COURSE NUMBER	[][][][] SECTION NUMBER	OFFICE USE ONLY	
INSTRUCTOR'S SIGNATURE			[][][][] [][][][] [][][][]		<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">W</div>		
STUDENT'S SIGNATURE			HOURS BEFORE CHANGE	HOURS AFTER CHANGE			GRADUATING SENIOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOYOLA UNIVERSITY NEW ORLEANS COURSE WITHDRAWAL FORM <small>LU-9054 (F/95)</small>			Notes				DATE
							REFUND
							REGISTRAR

Have you discussed this withdrawal with the instructor: Yes ☐ No ☐

Have you checked the University calendar to determine the last date to withdraw from classes this semester?
Yes ☐ No ☐ **If yes**, what is the date? ____/____/____

Have you checked the University calendar to determine if you are withdrawing during a refund period?
Yes ☐ No ☐ **If yes**, are you due a refund? Yes ☐ No ☐

**Please return the completed form to the Administrative Assistant III
School of Nursing, Stallings Hall, Rm 202
Fax: 504-865-3254**

Received By: _____

Date: _____