



**SCHOOL OF NURSING
SINGLE COURSE WITHDRAW FORM**

Complete all sections of this form and return it to the **School of Nursing** for processing.
If this withdraw brings you to **zero (0) credit hours**, you must complete a University withdraw form instead.

Section 1: Student Information

Last Name: _____ First Name: _____
Middle Name: _____
Campus-Wide ID: _____

Section 2: Course Information

Year/Term: _____ Subject: _____
Course #: _____ Section: _____
Course Credit Registered Credit
Hours: _____ Hours After
Withdraw: _____
College: _____

Please provide a brief written explanation of why you are withdrawing from the course:

Section 3: Student Statement & Signature

I acknowledge that the above information is accurate and I understand that the withdrawn course listed above will reflect a graded "W" on my transcript. I understand that this may affect my degree progress, financial aid, scholarships, veterans' benefits, and/or other areas. I have researched these issues and understand the possible implications of this action.

Student: _____ Date: _____

Section 4: School of Nursing Representative Signature

Submit this form to nursing@loyno.edu for completion.

SON Representative: _____ Date: _____

Once completed, the SON will file this form with the Office of Student Records for processing.