



ONLINE - Single Course Withdrawal Form

Section 1: Student Instructions:

1. If this course withdrawal brings you to zero credit hours, you must complete a University Withdrawal Form instead of this form.*
2. Print form and complete all sections.
3. Completed form must be submitted to the Office of Student Records to be processed

NON-NURSING STUDENTS - return to j david@loyno.edu

NURSING STUDENTS ONLY - return to nursing@loyno.edu

Section 2: Student Information

NAME - (Last, First, Middle): _____ **CWID:** _____

Section 2: Course Information

Year/Term: _____ Subject (e.g. ENGL): _____ Course # (e.g. A100): _____ Section (e.g 001): _____

INSTRUCTOR NAME: _____ **Instructor EMAIL:** _____ @loyno.edu

Course Credit Hours: _____ ***Registered Credit Hours Remaining after Withdrawal:** _____

Primary Reason for Withdrawal:

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I acknowledge that the above information is accurate and I understand that the withdrawn course listed above will reflect a grade of "W" on my transcript.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

Signature: _____

Date: _____

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College Representative: _____ Date: _____

Student Records Representative: _____ Date: _____