

Course Withdrawal Form (FPU-5.01034AP)

This form is used to withdraw from an individual course(s) as described in University policy **FPU-5.0034AP Student Withdrawal from a Course**. If this is the student's only course for the semester, then the [Student Withdrawal Form](#) should be used instead (see FPU-5.01032 Student Withdrawal from the University). Before a student withdraws from a course, the student should consider the potential impact on the student's status, eligibility, and services, and therefore, the student should contact applicable offices such as the Faculty Advisor, Office of Financial Aid, Office of Academic Affairs, International Student Advisor (if student is an international student) before withdrawing from a course.

The student must complete this form and get it signed by University officials as indicated below under "Required Approvals and Signatures". The student must submit the completed form to the Office of the University Registrar via email or delivery. The withdrawal process is not considered complete until the Registrar accepts the completed form.

Student UID: _____ Email: _____@floridapoly.edu

Student Last Name: _____ First Name: _____

Status: Undergraduate Graduate Phone Number: _____

Withdrawal for Semester: Spring Summer Fall Year: 20_____

Is student receiving Veteran's Benefits? (If yes, instructor must enter a last date of attendance below.) Yes No

Is student receiving financial aid or a scholarship? (If yes, a Financial Aid signature is needed below.) Yes No

Student is requesting withdrawal from the following course:

Course Title	Course Prefix	Course Number	Course Section	Credits

Student's reason for withdrawing from the course: _____

Course Instructor's Signature: _____ Date: _____

If student is receiving VA Benefits, Instructor must provide student's last date of attendance in the course: _____

Instructor's Initials: _____

Success Coach Signature: _____ Date: _____

Financial Aid Signature : _____ Date: _____

International Student Advisor's Signature (If applicable): _____ Date: _____

By signing (if hand delivering) or typing (if submitting via email) my name below, I am certifying that this is my signature, and I am requesting that I be withdrawn from this course.

Student's Signature: _____ Date: _____

Registrar to Complete:

Date completed form received: _____ Date processed: _____ Processed by: _____