

Withdraw Request



THE OHIO STATE UNIVERSITY

JOHN GLENN COLLEGE OF PUBLIC AFFAIRS

To the student: In submitting this form you are making a request to withdraw from a course or multiple courses. Please enter the course(s) you wish to withdraw from, initial each statement, and sign at the bottom. **Consult your academic advisor for guidance.**

Name: _____

Student ID Number: _____

Email: _____

List course(s) you wish to withdraw from:

Term/Year Ex: (AU 17)	Department (BIOLOGY)	Course Number (1101)	Class Number (15325)	Credits (3)	Instructor (JONES)

Initial next to each statement:

_____ I understand that I will receive a “W” on my transcript for the course(s).

_____ I understand that dropping the course(s) may impact my graduation date.

_____ I understand that I am responsible for checking with financial aid, scholarships, loans, OIA, SASSO etc. that may be affected by my decision to drop the course(s).

_____ I accept full responsibility for any consequences resulting from my decision to drop the course(s).

Student Signature: _____ Date: _____

Notes: