

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) |
|--------------------------|-------------------------|-------------------------|-------------------------|----------------|-----------------------|
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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, Military & Veteran Services, 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: