R·I·T
Rochester Institute of Technology
Office of the Registrar
Eastman Hall (EAS), Room 1202
Phone 585/475-2821
Fax 585/475-7005

Course Withdrawal After Week 12

Instructions

This form is to be used by students withdrawing from one or more courses after the twelfth week of a term. To be accepted, this form must have all signatures listed at the bottom. Department Head and Dean refer to the student's home department and college.

General Information

Please Type

University ID Number ___ ___ ___ ___ ___ ___ ___ ___ ___ **Term** ___ ___ ___ ___ **Date** __ __ /__ __/ __ __

Name _____ _____ _____
Last First Middle

Academic Program _____ **Academic Plan** _____

Course Information

A grade of "W" will be assigned if the course withdrawal is approved. Grades of "W" are maintained as part of the student's permanent academic record, but do not affect GPA or hours earned. Withdrawing from a course will not change your enrollment status (e.g. full-time to part-time)

CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	COURSE TITLE/DESCRIPTION	GRADE
						W

Example:

CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	COURSE TITLE/DESCRIPTION	GRADE
12345	XMPL	150	01	4	Project-Based Calculus	W

Student Signature

Reason for Withdrawal after the 12th week

Sign _____ Date _____

Department Signatures

Instructor

Print _____ Email _____@rit.edu

Sign _____ Date _____

Department Head (student's home department)

Print _____ Email _____@rit.edu

Sign _____ Date _____

Dean (student's home college)

Print _____ Email _____@rit.edu

Sign _____ Date _____

Registrar's Office Use Only

Date Received _____

Date Processed _____

Processed By _____

REG - Course Withdrawal Request

10/8/2013

Distribution: *Please keep a copy for your records. Return original to the Registrar's Office, EAS, room 1202.*