

Request for Course Withdrawal Below **Full-Time Credit Status**

Instructions

- This form is to be used by:

 Full-time undergraduate students who are requesting to withdraw from one or more courses which will result in below full-time credit status

 Part-time undergraduate students who are requesting to withdraw from any course

This form must be submitted to the student's program or department leadership before the last day to withdraw for the academic session or term. Students should talk with their course instructor and meet with their academic advisor or assistant dean before submitting a request to their department. Students receiving financial aid are encouraged to discuss this request with the Office of Financial Aid and Scholarship before submitting their request.

For additional information, please review the "Course Withdrawal" section of RIT Grades Policy, D.05.IV

Withdrawing from a course will not change your enrollment status (e.g. full-time to part-time) but will lower your credit status (credits able to be earned in a term).

International students cann	ot withdrawal below fu	II-time withou	ut prior appro	val from Inte	rnational Stu	dent Services. Please contact http	s://www.rit.edu/is	s/contact
General Information	University ID Number							//
Please Type	Last				First Middle			
					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. "W" grades count as hours attempted. Students must remain enrolled in at least one course. If requesting to withdraw from all courses, a request for a Lea							
	of Absence or University Withdrawal is required.							
	Example:							
	CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	COURSE TITLE/DESCR	URSE TITLE/DESCRIPTION	
	12345	XMPL	_150	01	_4	Project-Based C	Project-Based Calculus	
	CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS		COURSE TITLE/DESCRIPTION	
								W
								W
Student Signature	Reason for Request:							
	By signing this form, I am acknowledging that if granted, this withdrawal may impact time to degree completion and financial aid in current and/or future ten							
	Sign Date							
	Sign Date							
Decision and	Approve - If approved, submit to the Office of the Registrar. Date the form was received in your office:							
Signature	Reject - If rejected, the department must notify the student and submit to the Office of the Registrar							
	Program/Department Signature							
	Print			Title		Email		@rit.edu
	Sign					Date _		
Registrar's Office Use Only	Date Received			Date Prod	essed	Processed	Ву	
REG - Course Withdrawal Request	Distribution: F	Ploaso koor	a conv for	· vour reco	rds Returi	n original to the Registrar's	Office EAS ro	nom 1202