

ROCHESTER INSTITUTE OF TECHNOLOGY
 OFFICE OF THE REGISTRAR
 EASTMAN HALL (EAS), ROOM 1202
 PHONE 585/475-2821
 FAX 585/475-7005

Instructions

This form is to be used by students withdrawing from one or more courses after the scheduled withdrawal date for the term has passed. 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	University ID Number _____ Term _____ Date ____/____/____
	Name _____ Last _____ First _____ Middle _____
Please Type	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)																																		
	<table border="1"> <thead> <tr> <th>CLASS NO.</th> <th>SUBJECT</th> <th>CATALOG</th> <th>SECTION</th> <th>UNITS</th> <th>COURSE TITLE/DESCRIPTION</th> <th>GRADE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>W</td> </tr> <tr> <td colspan="7">Example:</td> </tr> <tr> <th>CLASS NO.</th> <th>SUBJECT</th> <th>CATALOG</th> <th>SECTION</th> <th>UNITS</th> <th>COURSE TITLE/DESCRIPTION</th> <th>GRADE</th> </tr> <tr> <td>12345</td> <td>XMPL</td> <td>150</td> <td>01</td> <td>4</td> <td>Project-Based Calculus</td> <td>W</td> </tr> </tbody> </table>	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
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12345	XMPL	150	01	4	Project-Based Calculus	W																													

Student Signature	Reason for Withdrawal
	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 _____