



UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131

(504) 398-2235 - registrar@uhcno.edu

COURSE WITHDRAWAL FORM

Term: Fall Spring Summer Year: _____

Name: _____
Last First M.I.

Date of Birth: _____ Student ID: 000 - _____ - _____

Phone: _____ Military Benefits (Yes/No): _____

I no longer wish to be enrolled in the course(s) listed below:

COURSE CODE (EX. MAT100A)	SECTION	SEMESTER HOURS	COURSE TITLE	ADVISOR'S SIGNATURE *Please sign for each course

FINANCIAL AID:

Are you a recipient of financial aid? Yes No

If yes, you must obtain a financial aid advisor's signature.

Financial Aid Advisor's Signature

Date

I understand that I will receive a grade of "W" (before deadline of "W") or "WF" (after deadline of "W") for the above courses. I acknowledge that I am withdrawing from courses outside of the registration period. I assume full responsibility and release the college administration from any and all liability as a result of changes made to my schedule.

Student's Signature

Date

REGISTRAR'S OFFICE USE ONLY:

Processed by

Date