

Withdrawal Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone No.: _____ E-mail Address: _____

Penn ID Number: _____

Program: BA/BFA Pre-Health MLA MSOD Post-Bac/Non-Trad Grad Other _____

Term and year of class: _____

Course Title: _____

Course Dept.: _____ Course No.: _____ Section No.: _____
(For example: ANTH, ENGL, etc.)

Date of first class attended: _____ Date of last class attended: _____

The reason for my withdrawal is: *(Be as specific as possible.)*

STUDENT:

Signature _____ Date: ____ / ____ / ____

COURSE INSTRUCTOR:

The facts stated above are accurate as I know them Yes No

Instructor's Name _____
(Please print)

Signature _____ Date: ____ / ____ / ____

For Office Use Only

PROGRAM DIRECTOR:

Signature _____ Date: ____ / ____ / ____

Instructions for Using the Withdrawal Form

Please read the following information carefully.

Students should use this form if they wish to withdraw from a course.

STUDENTS SHOULD:

- Submit a form for each course withdrawal
- Complete all information requested on the front of this form
- Have their instructor sign and date this form
- Submit it to LPS Student Records prior to the end of the last day of the withdrawal period.

No Withdrawal Forms will be accepted after this deadline.

When a student decides to withdraw from a class, **a grade of “W” (withdraw) will be recorded on the transcript.**

Students should consult the LPS Student Handbooks and the LPS Academic Calendar for dates and procedures relevant to late drops, withdrawals, and all other deadlines.

Students should be aware that withdrawing from a class may affect their financial aid and/or program of study and should follow up with all relevant departments as appropriate.

Students who would like further clarification should contact their LPS advisor or the Student Records Office.