



WITHDRAWAL FROM CLASS

Registrar's Office
800 Georgia Southwestern State University Drive
Americus, GA 31709-4379
Phone: (229) 928-1331
Fax: (229) 931-2021

gswID#	Last Name	First Name	MI	Date
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CRN: _____ Course Name: _____ Course Number: _____

Instructor: _____

Number Hours Before Withdrawal: _____ Number Hours After Withdrawal: _____ Classification: FR SO JR SR GR

Reason for Withdrawal:

Are you a GSW student athlete? YES NO

If yes, the signature of an athletic representative is required (Liz Wilson, Jaclyn Kaylor, or Christie Ward)

Are you receiving VA Benefits? YES NO

If you are receiving VA Benefits, the signature of the VA Certifying Office is required.

VA Certifying Officer: _____ Date: _____

STATEMENT OF UNDERSTANDING

I understand that I am responsible for returning this form by the deadline published in the schedule of classes academic calendar and that the withdrawal is official only upon receipt of the completed form in the Registrar's Office. I also understand that a grade of "W" will be assigned to this course and it is my responsibility to indicate the correct course form which I am withdrawing.

Student's Signature: _____ Date: _____

NOTE: NO REFUND WILL BE GIVEN FOR THIS WITHDRAWAL FROM CLASS.

FOR REGISTRAR'S OFFICE USE ONLY

Received by: _____ Date: _____ BANNER: _____