



800 Wheatley Street, Americus, GA 31709-4379

## WITHDRAWAL FROM CLASS NON-ACADEMIC REASONS

\_\_\_\_\_ gswID# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_\_  
CRN: \_\_\_\_\_ Course: \_\_\_\_\_ Number: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Term: \_\_\_\_\_ Number Hours Before Withdrawal: \_\_\_\_\_ Number Hours After Withdrawal: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Non-Academic Reason for withdrawal:**

### STATEMENT OF UNDERSTANDING

I understand that I am responsible for returning this form by \* \_\_\_\_\_ and that a withdrawal from class for non-academic reasons must be substantiated with appropriate documentation. I also understand that I must get the signature of the Instructor prior to returning the form to the Registrar's Office.

**\* Deadline is the last day of class each semester.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### INSTRUCTOR COMMENTS

Comments:

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRAR'S ACTION

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON FOR DENIAL:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR REGISTRAR'S OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ BANNER: \_\_\_\_\_