



## COURSE WITHDRAWAL FORM

**Withdrawals:**

- Occur after the add/drop period
- Must be submitted prior to the withdrawal deadline found on the [Academic Calendar](#)
- Full-term and 8-week courses have different withdrawal dates
- The primary advisor’s approval is required for all withdrawals
- \*Additional Signatures required for:
  - Student Athletes: Associate Director of Athletics, Laura Patton
  - ECG 100: Associate Dean, School of Arts & Sciences, Dr. Melissa Terlecki
  - Dropping below 12 credits: Dean, Retention and Student Success, Dr. Kimberly Boyd
  - Learning Community Course (LC): Dean, Retention and Student Success, Dr. Kimberly Boyd

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

CRN: \_\_\_\_\_ Course Subj/#: \_\_\_\_\_ Course Title: \_\_\_\_\_

Year: \_\_\_\_\_ Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

### Student Confirmation:

By checking this box and typing my name below, I am electronically signing this application. This form must be forwarded using my [Cabrini University email account](#).

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Advisor Approval:

Please either digitally sign below or include your written approval in the email when you forward this form to [registrar@cabrini.edu](mailto:registrar@cabrini.edu).

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

### \*Additional Approvals if Needed:

Please either digitally sign below or include your written approval in the email when you forward this form to [registrar@cabrini.edu](mailto:registrar@cabrini.edu).

Athletes	Assoc. Director of Athletics: _____	Date: _____
ECG 100	Assoc. Dean, Arts & Sciences: _____	Date: _____
Below 12 credits or LC Course	Dean, Retention & Student Success: _____	Date: _____

Return to Registrar at [registrar@cabrini.edu](mailto:registrar@cabrini.edu)