

* = required field
Some content may be updated based on selection



Withdrawal Form

Instructions and Student Acknowledgment

Please carefully read and select an advising acknowledgment below. Select the appropriate term and enrollment options. Place a checkmark beside the course(s) from which you're requesting a withdrawal. Click the signature box to electronically sign and submit the form.

Acknowledgment: Please read and check the box below to continue.

I acknowledge that my only objective is to withdraw from individual courses. I understand that if I need to add courses at the same time as dropping courses, I need to see my advisor or College Dean's Office. DO NOT USE this form if you need to **drop and add courses** at the same time.

Student Information

MUID: * [redacted]	First Name: Sarah	Last Name: Davis
MU Email: meadows78@marshall.edu	Academic Standing: []	
Academic Advisor: * Donna Spindel	Academic Advisor Email: * spindel@marshall.edu	Athlete Status: No
Please select college: * -- Please Select --	Date Submitted: * 01/31/2023	

Student Directions and Advising Acknowledgement: Please select an advising option below.

Student Advising Acknowledgment:

- * Prior Advising - I met with my advisor and understand how this course withdrawal may affect my timeline to degree completion, sequential courses, full time enrollment status, and other components of enrollment at Marshall University.
- Request Advising - I would like to meet with an Academic Advisor to discuss the impact of this course withdrawal.
- Deny Advising - I do not want to meet with an Academic Advisor and acknowledge that I am making this course change without consulting an Academic Advisor.

Student Schedule of Courses

Select your term and your course schedule will populate below:

Term:
* -- Please Select --

Do you want to withdrawal from ALL of the courses in which you are enrolled (Total Withdrawal)?

- YES
- NO

Carefully select "Withdraw" next to the course(s) from which you'd like to withdraw.

	CRN	Subject	Course No.	Section	Credit Hours	Instructor	Withdraw
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Courses to Withdraw

Please look over carefully at the table below which shows the course(s) you selected for withdrawal.

To make changes, please edit the checkboxes in the "Withdraw" column above.

CRN	Subject	Course No.	Section	Credit Hours	Instructor
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* (click to sign) By completing this form, I acknowledge that my financial aid may be impacted and that I've spoken with a financial aid counselor. If you have financial aid questions, do not complete this form. You can contact a financial aid counselor at sfa@marshall.edu.

* (click to sign) By completing this form, I acknowledge that I will receive a grade of W on my transcripts for the courses that I have selected above. For further information on a grade of W and the impacts of a course withdrawal, [click here](#).

* (click to sign) I understand that if I have selected 'Request Advising' but I do not meet with my advisor in a timely manner, my initial request will be processed without advising.

Comments (optional):

* (click to sign)

Student Signature

Date

Approvals

Comments *(optional)*:

Registrar Processing:

* -- Please Select --

*

Registrar Final Signature

Date