

BANNER ID **A0** _____ NAME _____ COURSE WITHDRAWAL
Last Name First Middle

SLIPPERY ROCK UNIVERSITY
Office of Academic Records & Registration, 107 Old Main
724.738.2010

LATE COURSE WITHDRAWAL REQUEST FOR _____
(SEMESTER/YEAR)

This form is only to be used **after** the withdrawal period has ended. All other requests should be submitted through DocuSign.

Late Withdrawal Forms will not be accepted unless there are extenuating circumstances beyond the student's control. If there are extenuating circumstances that might warrant an exception, the student may discuss the matter with the Dean of the course before bringing the form to the Office of Academic Records & Registration. The Dean is under no obligation to approve a late withdrawal form. **Academic Records will not process this form without the Dean's signature.**

Course Title Subject Course # Section# CRN#

Note: Forgery of signatures and grades may lead to dismissal from the University _____
Student's Signature Date

Instructor's Signature (required) Date **Instructor: MUST indicate last date of attendance (required)**

Academic Adviser's or Chairperson's Signature (required) Date Veterans or Global Engagement (if applicable) Date

Dean of the Course Approval (required) Date

IF THERE IS ANY QUESTION AS TO HOW THIS WITHDRAWAL WILL AFFECT YOUR FINANCIAL AID, ATHLETIC ELIGIBILITY, OR GRADUATION STATUS, PLEASE CHECK WITH YOUR ACADEMIC ADVISER, FINANCIAL AID, INTERCOLLEGIATE ATHLETICS, OR THE OFFICE OF ACADEMIC RECORDS & REGISTRATION

RETURN TO: ACADEMIC RECORDS & REGISTRATION – Old Main, Suite 107