College of Science
Request to Apply Course Withdrawal Policy

Instructions: University Course Withdrawal Policy allows currently enrolled students to designate a course status of Course Withdrawn (CW) for up to an overall maximum of three (3) courses. This request must be completed by your undergraduate academic dean's office by the last day of classes of the term enrolled for the course(s). You must schedule an appointment with your academic dean to process this request (231-5145). Course(s) with a status of CW will appear on Hokie Spa after final grades and will appear on your transcript with a W grade, but will not count in your GPA hours nor in any GPA calculations.

Part I: Before completing Part II, answer the following questions:

- Did you use the Freshmen Rule or Late Course Withdrawal previously? Yes___ No___
- If yes, enter number of courses used: ________
- Do you have any holds on your account? Yes___ No___
  (This cannot be processed until they’re removed.)

You are eligible to apply only the unused portion CW Policy.

Part II: Apply Course Withdrawal Status to the following course(s):

Student ID No. __________________________ Name _________________________________

Major: __________  E-Mail: __________________________ Phone Number: __________

Term/Year: __________________________ Date: __________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject Abbreviation (e.g. MATH)</th>
<th>Course Number</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
<tr>
<td>(2)</td>
<td>__________</td>
<td>__________</td>
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</tbody>
</table>

I understand that this request is irrevocable and unappealable and does not result in the refund of any fees. I also understand that the course withdrawal policy may not be applied to courses with honor system penalties associated with them.

Student Signature: __________________________ Date: __________

Advisor Signature: __________________________ Date: __________

Undergraduate Dean Signature: __________________________ Date: __________

Return form to 4300 North End Center