



Office of the Registrar
 McAuley Hall 205
 100 Ochre Point Avenue
 Newport, RI 02840-4192
 Tel: 401-341-2943 * Fax: 401-341-2996

STAFF USE ONLY Data Entry Initials: _____ Date Accepted: _____

GRADUATE COURSE WITHDRAWAL FORM

PLEASE PRINT CLEARLY.

Instructions: To complete your course withdrawal, sign this form and deliver in person, by mail, or by fax to the Office of the Registrar, located in McAuley 205. Time is of the essence for tuition refunds. Date of withdrawal is based upon the date of receipt of this form. Refunds apply to tuition only, and are subject to the pro-rated refund policy outlined in the current Graduate catalog. Fees are non-refundable.

Year: _____ Semester: Fall Spring Summer I Summer II

Student Name: Last _____ First _____ MI _____

Cell Phone: _____ Telephone Number: _____

Address: Number & Street: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ (Month/Day/Year)

COURSE CODE	SECTION	COURSE TITLE	FINAL GRADE*
			W
			W
			W
			W

*Course Withdrawals which are approved for graduate students receive a final grade of "W," with no effect upon the grade point average.

Revised Total Credits:	
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IMPORTANT REMINDERS

- Students should be cautious about withdrawing from a course due to possible NEGATIVE effects:*
- Reduced credit loads usually cause additional time and/or expense to complete a degree.
 - Full-time students who reduce their load below full-time **may jeopardize financial aid.**

<p>TO COMPLETE YOUR COURSE WITHDRAWAL</p> <p>SUBMIT THIS SIGNED FORM TO THE OFFICE OF THE REGISTRAR (McAuley Hall)</p> <p><i>NOTICE: By my signature below, I accept responsibility for the accuracy of all information on this form. I understand the possible negative effects of withdrawing from a course. I agree to notify the Office of the Registrar promptly in writing of any further changes that may affect my enrollment status in any class this semester.</i></p> <p>Student Signature: _____ Date: _____</p>
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