

Term: _____

BU ID# _____

Student: _____
Last First Middle Initial

Department, Course Number & Section: _____

Course Title: _____

Name of Instructor: _____ Date: _____
(Signature of instructor is required for courses in the College of Arts and Sciences)

Student: _____ Date: _____
Signature

Academic Advisor: _____ Date:* _____
Signature

*This date will be used as the effective date of the withdrawal.

Note: This Course Withdrawal Form must be received by the Office of the Registrar within seven (7) working days from the date signed by your advisor or by the published withdrawal deadline date; whichever comes first.

NOTE: In order to maintain student-athlete eligibility, **STUDENT ATHLETES** must obtain the signature of the Coordinator for Student-Athlete Success prior to dropping below 15 credit hours.

WITHDRAWAL POLICY FOR INDIVIDUAL COURSES

Students who withdraw from individual courses after the Period of Schedule Adjustment and are still enrolled in the University are NOT ENTITLED to any refund or credit.

TO BE COMPLETED BY OFFICE OF THE REGISTRAR

Date: _____ Processed by: _____