## Complete and return this form to:

University of Rochester - Simon Business School Office of the Registrar 2341 Carol Simon Hall Box 270100

<u>registrar@simon.rochester.edu</u>

Phone: (585) 275-8071 / Fax: (585) 276-0244



## **COURSE WITHDRAWAL FORM**

## **Directions**

- This form is to be used by students withdrawing from a course after the official Add/Drop period. If this withdrawal decreases your credit hours to 0 for the quarter, you'll need to work with your advisor to submit a Change of Status form for a Withdrawal or Leave of Absence.
- A grade of "W" for Withdrew or "WE" for Withdrew while failing is assigned to the course and becomes part of your permanent record. The "W" or "WE" grade will appear on your transcript but does not affect your Grade Point Average (GPA) or credit hours earned.
- Refunds are based upon the Simon School Refund Schedule.

Student Name:  Please print Last First  Student Signature:	MI	UID#:
Student Signature:		
Student Signature.		Data
		Date: month/day/year
Program:		
Effective date of status change (withdrawal):		
Advisor's Cianature		
Advisor's Signature:	 Date	 Print Name
	24.0	
Asst. Dean of Students:		
	Date	Print Name
This student has permission to withdraw from the follow	ving course:	
Term: ☐ Fall A ☐ Fall B ☐ Spring A ☐ Spring B ☐ Su		Academic Year:
Course Number/Section/Title		Grade: □ W or □ WE
Instructor's Approval:		
Signature Da	ite	Print Name
This section does not apply to FT students with flat rate	to tuition	
This section does not apply to 11 students with hat fail	te tuition.	
Tuition Refund Exception Approved: %	Fees Refun	nd Exception Approved:
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Executive Director of Finance's signature  Date	 Print nam	Δ
Executive director of Finance's signature date	i illic ilalli	
*Registrar's Office U	lse Only*	Revision: 8/2022
Received: Date Processed: By: Notifie	d: Bursar Fi	inancial Aid