COURSE WITHDRAWAL FORM
Request after Deadline for Withdrawal from Courses

Before the deadline for withdrawal from a course, a student applies directly to the Graduate School. To withdraw from a graduate course after the deadline for withdrawal, the student must initiate the withdrawal process through discussions with the Instructor and the Department Chair/Coordinator (via regular mail, hand delivery, fax, or email), with a copy to the Instructor. In the request, the student should explain circumstances and attached copies of relevant supporting materials (e.g. physician’s report, hospital receipt). Each request is handled on an individual basis and is determined by information provided by the student and the student’s academic records. The Department Chair/Coordinator, in consultation with the appropriate faculty and staff, will review the request. If approved, the student will receive a withdrawal (W) grade. The student will be responsible for any tuition charges.

NOTE: Withdrawal from a doctoral course at any time requires the permission of the Chair and may entail a leave of absence from the doctoral program.

Policy: For the complete policy, please see the School of Graduate Studies Academic Catalog for the current academic year (available online).

Procedure: Provide the information requested below, attach your letter of request with reasons and any additional materials, obtain approval and a signature from your Department Chair/Coordinator, and return the completed form with supporting letter and any other information to the Graduate School Front Office (number 378).

Student’s Name: ___________________________________________ ID Number: __________________________
Course Prefix & Number: ________________________________________________________________
Course Start & End Dates: _______________________________________________________________

_________________________ _________________________
Student Signature Date

_________________________ _________________________
Department Chair/Coordinator Signature Date

Circle one grade:  W (withdrawal) approved OR W/F (withdrawal/failure)

_________________________ _________________________
Graduate School Representative Signature Date

Return to: School of Graduate Studies, St. Joseph Hall, 3rd Floor, Room 378 or Fax to 215.248.7161 or E-Mail to gradschool@chc.edu
Copies to: Instructor, Department Chair/Coordinator, Student File

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