



Office of the Registrar
 Ochre Court, Room 203
 100 Ochre Point Avenue
 Newport, RI 02840-4192
 Tel: 401-341-2943 * Fax: 401-341-2996
 sruregistrar@salve.edu

OFFICE USE ONLY
Date Recorded: _____
Recorder Initials: _____

COURSE WITHDRAWAL

- The last day each semester for students to withdraw from a course is published in the Academic Calendar; the calendar is available online.
- The Office of the Registrar will enter a grade of “W” when the complete form is submitted.
- Reduced credit loads usually causes additional time and/or expense to complete a degree.
- Withdrawal from a course can affect a student’s financial aid, campus housing, and eligibility for athletics.
- Students in the US on an F-1 student visa must meet with the Office of International Programs (in Drexel Hall) prior to withdrawing from a course.

Student Name: _____	
Student ID: _____	Academic Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Academic Year: _____	
Semester:	
<input type="checkbox"/> Fall Semester (15 wk)	<input type="checkbox"/> Fall Session I (7 wk) <input type="checkbox"/> Fall Session II (7 wk)
<input type="checkbox"/> Spring Semester (15 wk)	<input type="checkbox"/> Spring Session I (7 wk) <input type="checkbox"/> Spring Session II (7 wk)
<input type="checkbox"/> Summer Semester (15 wk)	<input type="checkbox"/> Summer Semester (10 wk)
<input type="checkbox"/> Summer Session I (7 wk)	<input type="checkbox"/> Summer Session II (7 wk)
E-mail: _____	

COURSE INFORMATION	
Course Code: _____	Section: _____
Title: _____	Faculty Name: _____
Faculty Signature: _____	Date: _____

ACKNOWLEDGEMENT	
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.	
Student Signature: _____	Date: _____