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

OFFICE USE ONLY
Date Recorded: _____
Recorder Initials:_____

COURSE WITHDRAWAL

Instructions for Completing and Submitting This Form

1. **Download this PDF** and save it to your computer or mobile device before completing it. Do not complete the form in your web browser.
2. **Open the downloaded file using Adobe Acrobat Reader** or Adobe Acrobat Pro, then complete the form.
3. **Digitally sign the form** using Adobe Acrobat's signature feature: Select Fill & Sign or Certificates, depending on your version of Adobe Acrobat, then apply your digital signature in the designated signature area.
4. **Save the completed and signed form** to your device.
5. **Submit the form by email**: Current students must submit the completed form from their Salve Regina University email account.

- 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 cause 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:** ☐ Undergraduate ☐ Graduate

Academic Year: _____

Semester: ☐Fall Semester (15 wk) ☐Fall Session I (7 wk) ☐Fall Session II (7 wk)
☐Spring Semester (15 wk) ☐Spring Session I (7 wk) ☐Spring Session II (7 wk)
☐Summer Semester (14 wk) ☐ Summer Session I (7 wk) ☐ Summer Session I (7 wk)

COURSE INFORMATION

Course Code: _____ **Section:** _____

Title: _____ **Faculty Name:** _____

Faculty Signature: _____ **Date:** _____

Return this form to the Office of the Registrar by email at: **sruregistrar@salve.edu**

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:** _____

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