### COURSE WITHDRAWAL FORM

You must remain enrolled in at least one class to use this form.

**Office of the Registrar**
1400 Coleman Avenue • Macon, Georgia 31207-0001
Phone (478) 301-2494 • Fax (478) 301-2455 • Email: registrar@mercer.edu

**Athlete:** [ ] Yes [ ] No

**Name:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Student ID#:**

**Term:**

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**Course(s) to be dropped with grade of W**

Withdrawal is effective the date this completed form is received by the Office of the Registrar.

<table>
<thead>
<tr>
<th>Course (EX: CLA MAT 133.001)</th>
<th>Credit Hours</th>
<th>Instructor’s Signature Required</th>
<th>Registrar</th>
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In order to receive a grade of W this form with appropriate signatures must be returned to the Registrar's Office no later than the published deadline date for course withdrawals. **If you receive any type of financial aid, including scholarships, you should check with the Financial Planning Office regarding the possible effect of withdrawal.** Withdrawal may impact one’s academic program and progress related to the Mercer Four Year Pledge.

**Student Signature:** ____________________________ **Date:** __________________

**Advisor Signature Required:** ____________________________ **Date:** __________________

*Dean Signature:** ____________________________ **Date:** __________________

*Required for Withdrawal After Deadline Only

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**FOR OFFICE USE ONLY**

**Date Received:** ____________________ **By:** __________________

**VUE Updated Date:** ____________________ **By:** __________________

White - Registrar • Yellow - Advisor Copy • Pink - Student Copy

(05/13)mm