COURSE WITHDRAWAL FORM
You must remain enrolled in at least one class to use this form

Office of the Registrar
1501 Mercer University Drive • Macon, Georgia 31207-0001
Phone (478) 301-2494 • Fax (478) 301-2455 • Email: registrar@mercer.edu

Athlete: ☐ Yes ☐ No

Name: [Last] [First] [Middle]  Student ID#:  Term:

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.

Student Signature: ___________________________  Date: ________________
Advisor Signature Required: __________________  Date: ________________
*Dean Signature: ___________________________  Date: ________________

*Required for Withdrawal After Deadline Only

FOR OFFICE USE ONLY

Date Received: ________________  By: __________________
VUE Updated Date: ________________  By: __________________

White - Registrar  Yellow - Advisor Copy  Pink - Student Copy
(8/18)mm