

Course Withdrawal Form

Instructions for Students: Please complete the request, save an electronic copy for your records, forward the completed request as an email attachment (PDF file) to the required Professor as well as copying the email to your current advisor. Once your request is approved your request will be forwarded to the Registrar's Office for processing. Please note that by submitting this request you are agreeing to the terms and conditions in this request and any related policies and/or procedures in the current Academic Catalog.

Name _____

Advisor's Name: _____

Semester: Fall _____ Spring _____ Summer _____

Course No.	Title	Days	Times	Professor

Reason _____

This withdrawal will change my academic load from _____ credits to _____ credits.*

*Please note that full-time enrollment (i.e. 12 credits) must be maintained to ensure eligibility for a Swiss Student permit and for some scholarships and financial aid.

Please forward this request to your professor with a copy to notify your current academic advisor

Instructions for Professors:

1. Please note your approval/denial of a request in the space provided on this form.
2. Print to Adobe PDF or PDF Creator.
3. Email the Approved form to registrar@fc.edu for processing

Professor's Approval: _____

Registrar's Office Approval: _____

Date: _____