

## After 8th Week COURSE WITHDRAWAL REQUEST

This form is to be used by students withdrawing from one or more courses after the **eighth week** of a quarter. **Do not use this form if withdrawing from all courses in a quarter.** A Leave of Absence/Institute Withdrawal Form is available for this purpose.

**Instructions To Student:**

1. Complete form.
2. Obtain all required signatures below:
  - Instructor of the course
  - Department Head (representing the student's program)
  - Dean (of the college in which the student is matriculated)
3. Submit the completed form to your home department.

A grade of "W" will be assigned if the course withdrawal is approved.

Grades of "W" are maintained as part of the student's permanent academic record, but do not affect G.P.A. or hours earned. Withdrawing from a course will not change your enrollment status (e.g. full-time to part-time). International students see note above.

**Note: Are You An International Student?**

**Yes** \_\_\_\_\_ If yes, please be aware that withdrawing from a course can affect your immigration status. Please contact International Student Services **PRIOR** to completing this form. Their telephone number is 585-475-6943.

**Student Name** \_\_\_\_\_ **Home Dept.** \_\_\_\_\_  
Last First MI

**Student ID Number** \_\_\_\_\_ - \_\_\_\_\_ **Quarter** \_\_\_\_\_  
Example: Fall Quarter 2007-2008, indicate 20071  
Winter Quarter 2007-2008, indicate 20072

<u>COURSE TITLE</u>	<u>COURSE NUMBER</u>	<u>SECTION</u>	<u>CREDIT HOURS</u>	<u>GRADE</u>
_____	_____	_____	_____	<u>W</u>
<i>Graded Lab</i>	_____	_____	_____	<u>W</u>
<i>Non-graded Lab</i>	_____	_____	<u>0 0</u>	<u>Drop</u>

**Student's Signature** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**DEPARTMENT APPROVALS**

_____ Instructor's Name	_____ Instructor's Signature	_____ Date
_____ Dept. Head's Name - Student's Home Department	_____ Department Head's Signature	_____ Date
_____ Dean's Name - Student's Home College: <b>Required</b>	_____ Dean's Signature	_____ Date

**Reason for Withdrawal after the 8th week:**

  
  
  

**Registrar's Office Use Only:**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_