Drop/Withdraw Form

Last Name | First Name | Middle | SSN (new student) / student ID
-----------|------------|--------|------------------------

Mailing Address | City | State | Zip Code | Date of Birth
----------------|------|-------|----------|------------------

E-mail Address | Home Phone | Work Phone
----------------|-------------|---------

PLEASE PRINT CAREFULLY – Complete all the following information:

Semester (Check one): ☐ Spring ☐ Summer ☐ Fall Year 20____

DROP FROM A COURSE

- To drop from a semester-long course, submit this form to the Registrar’s Office before the last day of student-initiated drops.
- To drop from a short-term course, submit this form to the Registrar’s Office before the course is 15% complete.

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<tr>
<th>Dept</th>
<th>Course #</th>
<th>Sec #</th>
<th>Course Title</th>
<th>Time &amp; Place</th>
<th>Credit</th>
<th>Instructor</th>
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Reason for Drop/Withdrawal

☐ Course Content ☐ Instructor ☐ Employment ☐ Personal ☐ Health ☐ Other

Will this drop/withdrawal change affect your financial aid?

☐ Yes ☐ No

Note: Your financial aid may be affected if you complete the semester with fewer credits than are required by your aid program.

WITHDRAW FROM A COURSE

- To withdraw from a semester-long course, submit this form to the Registrar’s Office before the last day of student-initiated withdraws.
- To withdraw from a short-term course, submit this form to the Registrar’s Office before the course is 60% complete.

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Revised: 11.17.16
Office of the Registrar
P.O. Box 749
Barrow, AK 99723
Phone: 907.852.1788 or 1763
Fax: 907.852.1784
**Bill To, if the billing is not going to you:**

Financial Aid ☐   Employer-Funded ☐   Grant-Funded ☐   Other ☐

Contact Person: _________________________ Address or Phone # _______________________________

________________________________________________________________________________________

Student Signature (Required) Date Registration Office Signature Date