

DROP/WITHDRAW FORM

Office of the Registrar/Admissions PO Box 749 Barrow, AK 99723 907-852-1754 or 1757 fax: 907-852-1784 registration@ilisagvik.edu

STUDENT NAME:			
First	Middle	Last	
SSN:	_ or STUDENT ID	#:	
EMAIL:		PHONE:	
ADDRESS:			
Street/PO Box	City	State	Zip
SEMESTER: Fall Spring	Summer YEAR		
REASON FOR DROP/WITHDRAWA	L: Course Co	ontent 🗌 Ins	structor
🗌 Employment 🗌 Personal 🗌 He	ealth 🗌 Other		

Will this drop/withdrawal affect your financial aid? (Your financial aid may be affected if you complete the semester with fewer credits than are required by your aid program.)

☐ Yes	No

DROP A COURSE:

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

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Instructor

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 withdrawal.
- To withdraw from a short-term course, submit this form to the Registrar's Office before the course is 60% complete.

Dept	Course #	Sec #	Course Title	Time & Place	Credit	Instructor

BILL TO (if other than you): 🗌 Financial Aid [Employer Grant Other
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Contact: Address or Phone:

STUDENT SIGNATURE: ______ DATE: ______

REGISTRATION SIGNATURE: ______ DATE: ______