

## 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 II | D #:          |          |
| EMAIL:                       |               | PHONE:        |          |
| ADDRESS:                     |               |               |          |
| Street/PO Box                | City          | State         | Zip      |
| SEMESTER: Fall Spring        | Summer YEAF   | R             |          |
| REASON FOR DROP/WITHDRAWA    | L: Course (   | Content 🗌 Ins | structor |
| 🗌 Employment 🗌 Personal 🗌 He | ealth 🗌 Other |               |          |
|                              |               | <u>.</u>      |          |

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

| Contact: | Address or Phone: |
|----------|-------------------|
|          |                   |

| STUDENT SIGNATURE:      | DATE: |
|-------------------------|-------|
| ADVISOR SIGNATURE:      | DATE: |
| REGISTRATION SIGNATURE: | DATE: |