

Trocaire College Official Withdrawal Form

Date _____

Semester Effective _____

Student Name _____

Student ID# _____

Major _____

Current Phone Number _____

| <i>Course Number</i> | <i>Section</i> | <i>Course Title</i> | <i>Credit Hour</i> | <i>Instructor</i> | <i>Last Date of Attendance</i> |
|----------------------|----------------|---------------------|--------------------|-------------------|--------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Withdrawal after the last day of the 10th week of the semester will result in a grade of “WF”, except in unusual circumstances.

Withdrawal From:

_____ Academic Advisor

Course(s) Program Student Body Leave of Absence for _____

Reason for Withdrawal:

APPROVED: Withdrawal (W)
 Withdrawal/Failure (WF)

Student has been advised of the Trocaire College repeat policy

Student Signature

Advisement & Career Services Signature

Financial Aid Signature

Registrar’s Office Signature

FOR YOUR WITHDRAWAL TO BE COMPLETE, BRING THIS ENTIRE FORM TO THE REGISTRAR’S OFFICE – ROOM B14.

Registrar’s Office Use Only –Withdrawal Processed By _____ Date ____/____/____
Copy to: Financial Aid Health Office (Full withdrawal only)