

Date ____/___

Registrar PO Box 2327, Elizabeth City, NC 27906 (252) 335-0821 (252) 331-2442 (fax) registrar@albemarle.edu

Semester _____

COURSE WITHDRAWAL FORM

This form should be used for Course Withdrawal after the refund period and prior to the completion of seventy-five percent of the class. A grade of "W" will be assigned. Please follow these steps:

- 1. Complete the Course Withdrawal Form
- 2. Obtain a signature and Last Day Attended (LDA) from the instructor of the course
- 3. Initial the Financial Eligibility section of this form
- 4. Submit the completed form to the Registrar—AE Building at the Elizabeth City campus

This form will not be accepted after the seventy-five percent withdrawal deadline. Please refer to the Registration Information Calendar for refund/withdrawal deadlines.

Last Name			First Name	MI		Student ID	
				1			
Dept. Name	Course No.	Sect. No.	Reason	Last Date A		Instructor Signa	ture & Date
	<u> </u>	Please No		quired if this form is filled (out by the C	Course Instructor.	
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Current by cou	nt finan Irse/pro Jestions	cial aio gram s, pleas	TE ABOUT FINANCIAL d and/or veteran's benefits withdrawal. You may be rese contact a Financial Aid con	, <mark>as well as future eli</mark> equired to return fur	gibility, inds alread	may be advers dy received. If	you have
5				Stude	Student Initial:		
Student Signature					Date		
Advisor Signature					Date		
Proces	ssed by	 & Date					rovised_Sen_1/