

Three Rivers College

THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

WITHDRAWAL/DROP FORM

Print Name: _____

Student ID #: _____

Semester: FA SP SU WI

Year: _____

Drop	Course Ex. (ENGL)	Number Ex. (111)	Section Ex. (001)	Audit (Y/N) No grade awarded	Credit Hours Ex. (3)	Reason For drop *See below
Total						

I am completely withdrawing from all courses. I have reviewed all options to help me remain in courses and have determined it is in my best interest to withdraw from college.

Reason for Withdrawal: _____

*** A REASON CODE MUST BE SELECTED WHEN WITHDRAWING/DROPPING COURSES**

C—Changed Mind

D—Too Difficult

H—Health

F—Financial Difficulty

M—Moving

L—Personal

Withdrawal

Drop

By withdrawing from all courses, I acknowledge:

I am financially responsible for payment of these courses.

My Academic Standing will be affected.

My Financial Aid Standing will be affected.

I may no longer be eligible for scholarships.

I will be charged for textbooks not returned.

I may be subject to paying all or portions of my received federal aid (loans and Pell) back to Three Rivers College per Return to Title IV policies.

Student Signature

Date

Initial

By dropping these courses I acknowledge that:

I may affect my Academic Standing.

I may affect my Financial Aid Standing.

I may no longer be eligible for scholarships.

I am still required to pay for the courses in full.

Financial Aid may not cover the cost of the course.

I will be charged for textbook rentals that are not returned by the due date.

Student Signature

Date

Initial

Advisor Signature

Date