



800 Wheatley Street, Americus, GA 31709-4379

WITHDRAWAL FROM CLASS NON-ACADEMIC REASONS

_____ gswID# _____ Last Name _____ First Name _____ MI _____ Date _____
CRN: _____ Course: _____ Number: _____ Instructor: _____
Term: _____ Number Hours Before Withdrawal: _____ Number Hours After Withdrawal: _____ Current Grade: _____

Non-Academic Reason for withdrawal:

STATEMENT OF UNDERSTANDING

I understand that I am responsible for returning this form by * _____ and that a withdrawal from class for non-academic reasons must be substantiated with appropriate documentation. I also understand that I must get the signature of the Instructor prior to returning the form to the Registrar's Office.

*** Deadline is the last day of class each semester.**

Student's Signature: _____ Date: _____

NOTE NO REFUND WILL BE GIVEN FOR THIS WITHDRAWAL FROM CLASS.

INSTRUCTOR COMMENTS

Comments:

Instructor's Signature: _____ Date: _____

REGISTRAR'S ACTION

APPROVED: _____ DENIED: _____

REASON FOR DENIAL:

Signature: _____ Date: _____

FOR REGISTRAR'S OFFICE USE ONLY

Received by: _____ Date: _____ BANNER: _____