



# Withdrawal Request Form

LMC ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_ Today's date: \_\_/\_\_/\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ May we text you?  Yes  No

I am requesting a withdrawal from the following course(s):

5-digit CRN	Subject/Number (ex: BIOL 101)	Instructor	<i>Instructor Signature*</i>	<i>Date</i>

\*Instructor permission required after guaranteed "W" date (see academic calendar in WaveLink for specific dates). Permission is granted solely at the discretion of the instructor and is not guaranteed.

If withdrawing from all classes, do you plan to return to LMC?

Yes, in the \_\_\_\_\_ semester of 20\_\_\_\_  No

Please help us become a better college by telling us why you are withdrawing. This information will be used for statistical purposes only.

Employment  Financial Reasons  Medical  Grades  Covid19  Other \_\_\_\_\_

Required Signatures:  
(Staff member: please sign and date)

Financial Aid (if you receive grants, loans, or scholarships) \_\_\_\_\_

Athletic Director (if you participate in intercollegiate athletics) \_\_\_\_\_

Housing Director (if you live in on-campus housing) \_\_\_\_\_

International Student Advisor (if you have an F1 visa) \_\_\_\_\_

Veteran Student Advisor (if you receive VA benefits) \_\_\_\_\_

**Academic Advisor (all students)** \_\_\_\_\_

I understand that withdrawing from my course(s) may affect my program/graduation progress, financial aid, visa status, athletic or on-campus housing eligibility, and/or academic standing. I further understand that withdrawals are not eligible for a refund and will result in a W grade on my transcript.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only	
Processed by: _____	Date: _____ <input type="checkbox"/> OW Status updated for full withdrawal