



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 Student Profile 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 Other _____

Read the following statements and initial each to indicate that you understand the potential effects of withdrawing from classes:

_____ I understand that withdrawals are not eligible for a refund and will result in a W grade on my transcript.

_____ I understand that withdrawing may affect my financial aid eligibility or cause me to owe money to the college. I understand it is my responsibility to speak with the Financial Aid Office to see how my account is affected.

_____ I understand that withdrawing may cause me to graduate late.

_____ I understand that withdrawing may affect my athletic eligibility, on-campus housing, or F-1 status. I understand it is my responsibility to speak with the appropriate department to understand how I am affected.

Student Signature: _____ Date: _____

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