



Guaranteed Withdrawal Form

LMC ID #: _____ Name: _____

Semester: Fall Spring Summer Year: _____ Today's date: __/__/__

Phone: (____) - _____ May we text you? Yes No

I am withdrawing from all courses for the semester – or-

I am withdrawing only from the following course(s):

5-digit CRN	Subject/Number (ex: BIOL 101)	Course Title (ex: Intro Biology)	Instructor

If withdrawing from all courses, 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