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):

<table>
<thead>
<tr>
<th>5-digit CRN</th>
<th>Subject/Number (ex: BIOL 101)</th>
<th>Instructor</th>
<th>Instructor Signature*</th>
<th>Date</th>
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*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: ___________________

Processed by: __________________________  Date: ___________________  ☐ OW Status updated for full withdrawal