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):

<table>
<thead>
<tr>
<th>5-digit CRN</th>
<th>Subject/Number (ex: BIOL 101)</th>
<th>Course Title (ex: Intro Biology)</th>
<th>Instructor</th>
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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 ______________________

***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: ______________________

Processed by: ____________________________  Date: _____________________  ☐ OW Status updated for full withdrawal