

BREVARD COLLEGE

Withdrawal from Enrollment in a Course

Full Name of Student _____ Brevard College ID: _____
(Please Print Name.)

Advisor _____ Campus Box: _____

GRADE OF "W"
Course Code and Number _____
Name of Course _____
Semester Hours _____
Reason/Comments _____

The student must meet with their advisor, the course professor, and if a varsity athlete, the Director of Compliance to discuss the implications of the withdrawal and to complete this form.
Dropping below 12 semester hours will affect eligibility for
- coverage under parents' medical insurance
- financial aid
- varsity athletic eligibility
- full Veterans Administration benefits
- a residence hall room
- Visa status
The student is to return this completed, signed form to the Office of the Registrar, Beam Administration Building, Room 105.

Signature of Student _____ Date _____
Printed Name & Signature of Instructor _____ Date _____
Printed Name & Signature of Advisor _____ Date _____
Signature of Director of Compliance (Varsity Athletes ONLY) _____ Date _____
Signature of Registrar _____ Date _____

*** NOTE: Withdrawal from a course is NOT OFFICIAL UNTIL DATED as "RECEIVED" in the Office of the Registrar. ***

Date Received in the Office of the Registrar _____

OFFICE USE ONLY
____ Advisor
____ Director of Compliance
____ Instructor
____ Student
____ Registrar