

 $Office \ of \ Records \ \& \ Registration - 830 \ Westview \ Drive \ SW, \ Atlanta, \ Georgia \ 30314 \ Phone: 470-639-0752 \ email: \\ \underline{records@morehouse.edu}$

COURSE WITHDRAWAL FORM

	Term: (check one) FALL	□SPRING □SUMMER
	\square_{2020} \square_{2021} \square_{2022}	□ ₂₀₂₃ □ ₂₀₂₄
MCID#(Morehouse College ID Num	Student's Name:	(First Name, Middle Initial, LastName)
(Morehouse College ID Nun	iber – NO SSN#'s)	(First Name, Middle Initial, Last Name)
Major:Email address:		
FRESHMEN Initial Here: IMPORTANT!		
 By signing, I acknowledge that this decision has consequences that can affect my academic standing, some of these are: "W" grades will appear permanently on the transcript. "W" grades do not affect the GPA but might prolong the time it takes to obtain a degree. "W" grades count in attempted hours for the purpose of calculation for the HOPE Scholarship. Financial Aid, scholarships, athletic eligibility and visa status may be affected for students who fall below full-time status or execute a full withdrawal from the college. Students receiving VA Benefits must inform the VA Certifying Official in the Office of Records & Registration. 		
CRN#	Dept. & Course Number	Course Title
Please Note: You will receive a grade of "W" on your transcript for the above course(s)		
Are you withdrawing from all of your classes? If yes, I understand that this constitutes a full withdrawal from the College.		
	ur major advisor prior to withdrawing fro	m this course? YES NO v this withdrawal will impact your degree plan.
*Advisor Signature *Only required for Freshman students (0-25 hours)		Date:
Student's Signature		Date:
For Office Use Only		
☐Office of Records & Re	egistration Approval	
Processed by:		Date: