

THE COLLEGE OF SAINT ROSE
COURSE WITHDRAWAL FORM

FALL _____ SPRING _____ SUMMER I _____ SUMMER II _____ TERM 20_____

ID number: _____ Name: _____
Last First

Phone: _____

Check here to withdraw from ALL courses:

CRN	Subj.	Crse #	Sect.	Credits	Grade	Reason
					W	
					W	
					W	
					W	

					W	
					W	
					W	
					W	

Total Credits: _____

These statements must be read by ALL students

The College of Saint Rose strongly urges you to consult the Financial Aid and Bursar Office for a clear understanding of your financial responsibilities

I understand that I should speak with the Financial Aid Office if I am withdrawing from one or more courses as these actions could have implications on my current and future financial aid eligibility. My financial aid will be prorated according to my date of withdrawal. Should this change put me below full status (Graduate 9 credits, Undergraduate 12 credits) I understand that there may be implications on my current and future financial aid eligibility. _____ (Student's Initials)

I understand that I should speak with the Bursar Office if I am withdrawing from one or more courses as these actions could impact my account balance. I understand that if I am withdrawing from all courses I will be
