

LENOIR-RHYNE UNIVERSITY

COURSE WITHDRAWAL FORM

Must be completed in its entirety

Student-Athletes Require Additional Signature by Athletics Compliance Coordinator

Student ID #: _____ Sport (if applicable): _____ Date: _____

Student Name: _____
Last First Middle

Term (Check One): Fall _____ Spring _____ Summer _____

Course: _____ Section #: _____ Grade: (W, WF, WP) _____

Professor: _____
Signature Date

Withdrawal Approved by: _____
Advisor Date

REQUIRED FOR ALL STUDENT-ATHLETES

All UNDERGRADUATE student-athletes are required to maintain at least 12 credit hours of active enrollment at all times.

All GRADUATE student-athletes are required to maintain at least 9 credit hours of active enrollment at all times.

Athletics Department Approved by: _____
Compliance Coordinator Signature Date

By signing this form, I understand that withdrawing from a course can affect billing, financial aid, VA benefits, visa status, housing eligibility, academic progress toward my degree and/or athletics eligibility. I understand that the withdrawal is not official until the date it is received by the Enrollment Services Center on the 1st floor of Lohr Hall.

Student Signature

Date received by Registrar: _____