



UNIVERSITY OF
MARY WASHINGTON

where great minds get to work

OFFICE OF THE REGISTRAR

Fredericksburg Campus
Lee Hall 206
Phone: (540) 654-1063
Fax: (540) 654-2145

Stafford Campus
South Building 144
Phone: (540) 286-8008
Fax: (540) 286-8005

Office Use Only	
DATE	_____
USER	_____

**COURSE WITHDRAWAL REQUEST
FOR A GRADE OF "W"**

Name: _____ ID Number: _____ Term: _____
Last First MI

Address: _____ Telephone: _____

Email: _____

Policy: According to the Academic Catalog, courses may be dropped after the first three weeks of the semester until approximately the middle of the term (see official University calendar for specific dates each term); however, a grade of "W" is indicated on the student's permanent academic record for the course. The grade of "W" does not imply that the student was either passing or failing the course at the time of withdrawal; credit is not included in the grade point average. Students who are withdrawing from all of their courses for the term must completely withdraw from the University.

Instructions: Complete the form below. The course instructor's signature is required for each course withdrawal listed. Your advisor/mentor's signature is required at the bottom of this form. Course withdrawals are not official until this form has been processed in the Office of the Registrar.

CRN	Course	Sect	Instructor's Signature	Date

Including the change requested on this form, show the TOTAL number of credits registered for the current term: _____

NOTE TO FULL-TIME STUDENTS: By withdrawing to less than full-time status (UG 12 cr.; GR 9cr.), you may no longer be eligible for athletic participation, financial aid, or on-campus housing. Immediately contact each of those offices to determine your status.

I accept responsibility for the above course(s) changes(s). I understand that a grade of "W" will appear on my permanent academic record as the grade for the above course(s).

Student Signature: _____ Date: _____

I concur with the student's decision to withdraw from the course(s) listed above.

Academic Advisor/ Mentor Signature: _____ Date: _____