



Marquette University College of Health Science



Withdrawal/Audit Single Course Change

Health Science students **ONLY**.

WITHDRAWAL

AUDIT

(Instructor Signature Required)

Date: _____

Proper authorized signatures are required before this form is processed. The student is solely responsible for obtaining these signatures **and** returning the completed form to the College Office.

LAST	FIRST	MIDDLE
STUDENT NUMBER (MUID)	STUDENT'S MAJOR	
CURRENT ADDRESS	STUDENT'S ADVISOR	
LOCAL PHONE NUMBER	CELL PHONE NUMBER	
E-MAIL ADDRESS		

Course Subject/Number	Section	Days	Time	Instructor
Lab				
Quiz/Disc				

<p><u>AUDIT:</u></p> <p style="text-align: center;">AUDIT STATUS ONLY</p> <p>REASON: (Please be clear and concise)</p>	<p>Auditors are required to attend all classes. Failure to meet this attendance requirement will result in a grade of "F" or "WA" for the course.</p> <p style="text-align: right;">INSTRUCTOR'S SIGNATURE REQUIRED: _____</p>
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<p><u>WITHDRAWAL:</u></p> <p>REASON: (Please be clear and concise)</p>	<p>Have you discussed this "W" with Financial Aid?***</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you discussed this "W" with your instructor or adviser?***</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If ROTC student, Air Force, Army or Navy's official's signature is required:</p> <p style="text-align: center;">_____</p>
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***** PLEASE NOTE**

I acknowledge that this course will be listed as "AU" (Audit) or "W" (Withdrawal) on my transcript, and that it may affect progress toward my degree program. It may also affect financial aid, scholarships or health insurance.

Student signature

Student **must** return this form to the College Office for processing.

College Office Use Only

Approval Granted for Change to

W A

Dean's Representative

Date
revised 10/05