



Single Class Withdrawal: Health Sciences Professional

Purpose: Used by Health Sciences Professional students to request to withdraw from a single class.

Student Instructions

1. **If this withdrawal brings you to zero credits, you must complete a [Complete Withdrawal Form](#) instead of this form.**
2. Complete Sections 1 & 2 of this form using a computer.
 - a. **a handwritten form will not be accepted.**
 - b. an incomplete form will not be processed and returned to you for completion.
3. Print the form using the 'Print Form' button.
4. Sign the form in Section 3; a digital signature is **not** acceptable.
5. Obtain the required signatures in Section 4.
6. Submit this form to your college office before the deadline as indicated on the [Academic Calendar](#).

College Office Instructions

Make a determination in Section 5, notify the student and scan the form to the OTR via ImageNow.

Note: tuition refunds will be processed according to the University [Withdrawal Schedule](#).

Section 1: Student Information

Name _____ MUID _____
 Last name, First name, Middle name

Email _____ @marquette.edu

Program _____ Expected Graduation Term _____ Phone _____

Are you attending Marquette on an F1/J1 Visa? Yes No
 If yes, in Section 4 obtain signature of the Office of International Education

Section 2: Class Information

Withdraw from

Term/Year _____	Session _____	Subject (e.g. BISC) _____	Class/Catalog Number (e.g. 2710) _____	Section (e.g. 101) _____
Credits _____	Day/Time Class Meets _____	Instructor _____		
Number of credits remaining after this withdrawal _____				

Reason for Withdrawal (be clear and concise)

Section 3: Student statement and signature

I acknowledge that the above information is accurate and that I understand that the withdrawn class will be listed with a withdrawal grade on my transcript. I understand this withdrawal may affect my degree progress, financial aid, scholarships, veteran's benefits or other areas, such as health insurance and confirm that I have researched these issues and informed the appropriate coordinator/staff person before taking this action.

Signature _____ Date _____

Section 4: Required Signatures

Check and obtain signatures for all that apply

- Athlete: Signature of Associate Athletic Director for Academic Support _____
- All Students: Signature of Department Chair _____
- International Student: Signature of Office of International Education _____

Section 5: College Approval

Approved Denied Date of last attendance, if status changes (goes from full time to 3/4 time; goes from 1/2 time to less than 1/2 time, etc.) _____

Comments/Exceptions Conditions _____

Signature of College Representative _____ Date _____