



Single Course Withdrawal: Undergraduate

Purpose: Used by Undergraduate students to request to swap one course for another or to withdraw from a single course.

Student Instructions

- If this withdrawal brings you to zero credits, you must complete a [Complete Withdrawal Form](#) instead of this form.
- Complete Sections 1 & 2 of this form using a computer.
 - a handwritten form will not be accepted.
 - an incomplete form will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 3; a digital signature is **not** acceptable.
- Obtain the required signatures in Section 4.
- 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 Phone _____

College _____ Major _____

Class Level Freshman (0-23 credits) Sophomore (24-59 credits) Junior (60-91 credits) Senior (92+ credits)* *provide Expected Graduation Term _____

Section 2: Course Information

Withdraw from

Term/Year _____ Session _____ Subject (e.g. ENGL) _____ Course/Catalog Number (e.g. 2710) _____ Section (e.g. 101) _____

Credits _____ Day/Time Class Meets _____ Instructor _____

Number of credits remaining after this withdrawal _____ Course Title _____

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I acknowledge that the above information is accurate and that I understand that the withdrawn course will be listed with a withdrawal grade on my transcript.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 _____

International Student: Signature of Office of International Education _____

FFP Freshman Student: Signature of FFP Adviser _____

EOP Student: Signature of EOP Adviser _____

Army/Navy/Air Force ROTC: Signature of ROTC Official _____

Adviser Signature for students in the colleges of: Arts & Sciences, Education, Engineering, Nursing, Professional Studies _____

Section 5: College Approval

Approved Denied Date of last attendance, if status change (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 _____