



# 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 2 & 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I acknowledge that the above information is accurate and that I understand that the withdrawn course will be listed with a withdrawal grade on my transcript.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 \_\_\_\_\_