COWLEY COUNTY COMMUNITY COLLEGE
Course Drop/Withdrawal Form

BEFORE YOU WITHDRAW FROM YOUR CLASSES – STOP…THINK!

Place an x in front of each situation that applies to you.

_____ **Are you a high school student?** High school students must visit with their High School Counselor before drop/withdraw from course.
_____ **Have you talked with your instructor about withdrawing from these course(s)?** Things may not be as bad as they seem.
_____ **Are you an athlete?** Before you drop/withdraw make certain it will not affect your eligibility to participate in your sport.
_____**Are you receiving Military Benefits?** This can impact your benefit and possibly require repayment of benefits.
_____**Are you receiving FINANCIAL AID?** A drop/withdraw can affect your eligibility and or aid amount.
_____**Are you a KANSAS PROMISE PARTICIPIANT?** A drop/withdraw can impact your scholarship and could require repayment.
_____**None** of the above apply.

- **Course Drop** – A course drop removes a course from a student's schedule. If a student requests to drop a course within the refund period this is done without charges to the student.
- **Course Withdraw** – A course withdraw is a final grade of W on a student's transcript. W grades are not calculated into the college GPA or into earned credits. Student are responsible for course charges and fees.

Personal Student Information

(All information is required.)

Name:_____Student ID:_____

Address:_____City, State, Zip: _____

E-Mail:_____Phone Number: _____

Course Information

Course ID	Course Name	CR HRS	Instructor

Drop This Course

☐ It is before the refund date and I would like an advisor to drop this course from my schedule. (Courses can be dropped before the refund date through Tiger Connect)

Withdraw From This Course

☐ I would like to withdraw from this course. It is after the refund date and before the last date to withdraw from my course. I understand that I will receive a W for this course and I am responsible for the charges of this course.

(Continued)

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Withdraw Information

Please indicate your overall level of satisfaction with your experience at Cowley:

Select A Level

Which of the following **best** describes your reason for withdrawing? (Choose one)

Select Reason

Comments:

Release of Information

I understand that any outstanding obligation to Cowley County Community College may result in my transcripts and/or other academic records being held until the obligation has been met. I also understand that withdrawal from my courses may impact my eligibility for financial aid in future semesters. **Before my withdrawal is final I must schedule a meeting with my advisor or contact by phone 620-441-5303 a member of the enrollment services staff.** ***High School / Dual Enrolled students should submit completed and signed form to their high school counselor.***

Student Signature _____ Student ID _____ Date _____

The completed form should be given to your advisor or one of our enrollment service representatives. For our locations and office hours, please go to our website at www.cowley.edu or call 1.800.593.2222

FOR OFFICE USE ONLY

Advisor Signature_____Date _____

Instructor Signature_____Date_____

Processed by_____Date _____

HS Counselor_____Date _____

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