

Are you withdrawing as a result of COVID-19? _____



Semester	
Fall	20 _____
Spring	20 _____
Summer	20 _____

Drop/Withdrawal Form

Print Name: _____
Last First Middle

Student ID: _____ Phone _____ Email _____

I am aware dropping or withdrawing may adversely affect my ability to attend Grayson College. This may include, but is not limited to: academic standing, program completion, ability to repeat a course, Financial Aid / VA benefits eligibility, and termination of F-1 Visa status.

- Have you attended any college or university prior to September 2007? Yes _____ No _____
- Are you dropping all of your classes at Grayson College this semester? Yes _____ No _____
- Are you enrolled and attempting to drop Developmental Courses? Yes _____ No _____
- Are you enrolled and attempting to drop Learning Frameworks? Yes _____ No _____
- Are you receiving Financial Aid? Yes _____ No _____
- Are you receiving VA Benefits? Yes _____ No _____
- Are you an International F1 Visa student? Yes _____ No _____

Course (s) to be Dropped or Withdrawn

Course	Number	Section	Condition	Faculty Signature	Yes	No

Condition

1. Severe illness or other debilitating condition
2. Responsible for care of sick, injured, or needy
3. Death of a family member or other important person
4. Call to active duty (student or family member)
5. Change in work schedule beyond control
6. This class is a co-requisite required with another course
7. Change in major or degree requirements
8. Other (Please, explain in comments section)

Comments: _____

I verify that the drop/withdrawal reasons selected above are truthful. I understand the academic implications of dropping or withdrawing from courses.

Student Signature _____ Date _____

Advising Approval _____ Date _____

Registrar's Office Signature _____ Date _____

Financial Aid Use Only

- 1. Current ISIR? Yes _____ No _____
- 2. Suspension or Probation? Yes _____ No _____
- a. Will drop put student on probation? Yes _____ No _____
- 3. PACE Yes _____ No _____
- 4. GPA Yes _____ No _____
- 5. Cumulative Attempted Hours _____
- 6. Cumulative Completed Hours _____

Financial Aid Approval _____ Date _____

Information in this document is subject to change due to policy changes at the Federal, State or Grayson College level.