



**Request to Apply Course
Withdrawal Policy**

Student ID No:	Major:
Last Name:	First Name:
VT Email:	Cell Phone Number:

University Presidential Policy 196 (revised) allows currently enrolled students to designate a course status of Course Withdrawal (CW) for up to an overall maximum of six (6) credit hours. **This request must be submitted to the Department of Population Health Sciences (205 Duckpond Drive (third floor of College of Veterinary Medicine Mail Code 0442) with your signature and your advisor's signature no later than 5:00 p.m. on the day of the deadline post on the University Registrar's website (www.registrar.vt.edu).** Course(s) with a status of CW will appear on Hokie Spa after final grades and will appear on your transcript with a **W** grade at the end of the semester, but will not count in your GPA hours nor in any GPA calculations. Course withdrawal does not remove you from Canvas.

Did you use the Course Withdrawal policy in previous terms? Yes No

" If yes, enter number of credit hours used: _____

" Have you already submitted a request for this term? Yes No

" Circle your academic level (by number of credits):

Freshman Sophomore Junior Senior

" What is your overall GPA? _____

" Do you currently have any holds on your account? Yes No

If you have disciplinary or financial holds on your student record (parking tickets, library fees, etc.), your course withdrawal request cannot be processed. It is your responsibility to remove the holds within five working days after the deadline.

Apply Course Withdrawal Status to the following course(s):			
CRN	Department	Course Number	Credit Hours

All information is required for processing. It is very important that you submit the correct course number and CRN. Requests will not be processed without advisor's signature. Submit completed form to 205 Duckpond Drive Mail Code 0442 for review by the Undergraduate Program Director. *I understand that this request is irrevocable, unappealable and does not result in the refund of any fees. I also understand that the course withdrawal policy may not be applied to courses with honor system penalties associated with them. If I have a financial or disciplinary hold on my record this request will not be processed.*

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Undergraduate Public Health Program Director: _____ Date: _____

Office Use Only:

Date Received: _____ Date Processed: _____ Processed by: _____