

EARLY COLLEGE WITHDRAWAL FORM

DATE RECEIVED FROM HIGH SCHOOL COUNSELOR: _____

IS STUDENT WITHDRAWING FROM ALL CLASSES FOR A GIVEN SEMESTER?

Yes, complete withdraw (no longer registered for any classes) No, partial withdraw (still registered for one or more classes)

1. Form must have all signatures as indicated before it will be processed.
2. A grade of W will be recorded on the student's transcript after the fourth week of the 16-week semester at WVU Parkersburg.
3. There are no refunds for partial withdrawals (withdrawal from one or more but not all classes).
4. Complete withdrawals (withdrawal from all classes) may be eligible for partial tuition reimbursement.

FULL NAME: _____ WVUP ID: _____

HIGH SCHOOL: _____

ORIGINAL SEMESTER HOURS:

DID YOU RECEIVE SCHOLARSHIP ASSISTANCE? Yes No

HOURS WITHDRAWING FROM:

NEW TOTAL SEMESTER HOURS:

CRN	TITLE	CREDITS	DATE OF LAST ATTENDANCE

PLEASE SELECT THE REASON(S) FOR YOUR WITHDRAWAL BELOW. (MUST COMPLETE)

- Academic Difficulty Dissatisfied with Classes Employment Health Issues
 Financial Issues Family Responsibilities Relocating
 Other Reason (Please explain): _____

PLEASE ANSWER THE QUESTIONS BELOW. (MUST BE ANSWERED IN THE PRESENCE OF YOUR COUNSELOR)

1. Do you understand how this withdrawal could impact your future schedule and graduation date? Yes No
2. Have you discussed this withdrawal with your instructor? Yes No
3. Do you understand this withdrawal may affect your future financial aid eligibility? Yes No
4. Do you understand how this withdrawal may impact your current tuition bill? Yes No

I understand that by signing this form I am withdrawing from the classes above. I have been made aware of any consequences of withdrawing and how it may affect my future financial aid eligibility, registration status and financial obligations.

STUDENT SIGNATURE: _____ DATE: _____

COUNSELOR SIGNATURE: _____ DATE: _____

PLEASE SUBMIT COMPLETED FORM TO EARLYCOLLEGE@WVUP.EDU