

# EARLY COLLEGE WITHDRAWAL FORM

WVUP ID: \_\_\_\_\_ DATE RECEIVED FROM HIGH SCHOOL COUNSELOR: \_\_\_\_\_

NAME: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ DID YOU RECEIVE SCHOLARSHIP ASSISTANCE?  Yes  No

**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)

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

ORIGINAL SEMESTER HOURS:

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)**

- Do you understand how this withdrawal could impact your future schedule and graduation date?  Yes  No
- Have you discussed this withdrawal with your instructor?  Yes  No
- Do you understand this withdrawal may affect your future financial aid eligibility?  Yes  No
- 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: \_\_\_\_\_

EARLY COLLEGE REP. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FINANCIAL AID SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUSINESS OFFICE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED FORM TO MNABERS@WVUP.EDU**