



Northampton Community College

Records Office ♦ 3835 Green Pond Road ♦ Bethlehem, PA 18020 ♦ fax: 610-861-5551 ♦ record@northampton.edu

COURSE WITHDRAWAL FORM

To be used by student who is dropping a course or courses after the refund period. Refer to the academic calendar for refund/withdrawal deadlines for standard courses. Ask the Records Office – Main Campus or Enrollment Office – Monroe Campus for the refund/withdrawal deadlines for non-standard courses.

 Student's Name (Last) (First) (Middle) Semester/Year

 ID Number

You may withdraw from courses through the 90% point of the semester (or equivalent in courses that run on a non-standard schedule), as outlined in the Schedule Change/Withdrawal Policy (<http://catalog.northampton.edu/policies-collegeacademic/withdrawals.htm>). Follow these steps:

- Complete the *Course Withdrawal Form*; list all classes from which you would like to withdraw and the reason(s) for your withdrawal
- Obtain a signature from your advisor *
- Initial/sign as indicated ►
- Submit the completed form to the Records Office (in person, via mail or fax)

IMPORTANT NOTE ABOUT FINANCIAL AID ELIGIBILITY:

Current financial aid and/or veteran's benefits, *as well as future financial aid eligibility*, may be adversely affected by course/program withdrawal. You may be required to return funds already received. If you have questions, please refer to the *Academic Progress Policy* on the financial aid web page (<http://catalog.northampton.edu/Financial-Aid/Federal-Financial-Aid-Academic-Progress-Policy.htm>) or make an appointment to see a Financial Aid Officer.

► Student Initial: _____

<u>Course Number</u>	<u>Section Number</u>	<u>Course Title</u>

Reason(s) for Withdrawal

- | | |
|---------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Military Obligation |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Work Related | <input type="checkbox"/> Other _____ |

► Student Signature _____

 Date

 Advisor Signature

 Date

*I understand that academic support, tutoring, counseling and academic advising services are available to me. At this time, I choose to withdraw from the class(es) above without consulting an advisor.

► Student Initial: _____