



EAST TEXAS BAPTIST UNIVERSITY

ONE TIGER DRIVE ~ MARSHALL, TX 75670 ~ (903) 923-2064 ~ REGISTRAR@ETBU.EDU

OFFICE OF THE REGISTRAR

Withdrawal from a Course

This form should NOT be used to withdraw from ALL courses.

A different form should be used for complete withdrawal from the university, and can be obtained from the Office of Academic Success

Student's Full Name _____ Student ID _____ Cell Phone _____

Year: _____ Semester/Term (Check One): Fall Spring May Summer Other _____

ARE YOU CURRENTLY RECEIVING V.A. BENEFITS? YES NO (if YES, #6 must be signed below)

ARE YOU A STUDENT ATHLETE? Team: _____ YES NO (if YES, #7 must be signed below)

ARE YOU AN INTERNATIONAL STUDENT? YES NO (if YES, #8 must be signed below)

List the course to be dropped below. The student is responsible for completing this form accurately and completely. A student who desires to drop a course, must "Officially Withdraw" in order to protect his/her academic record. If withdrawing from a lab component taught by another instructor, an additional form will be required. This form is NOT considered complete, even if processed, and this withdrawal will not be considered official, unless ALL required signatures are obtained. If the total number of allowable absences is exceeded and the student does not withdraw from the course, a grade of "XF" will be assigned.

THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE BY THE STUDENT WITH ALL APPLICABLE SIGNATURES BEFORE IT WILL BE PROCESSED. EMAIL FROM THE STUDENT'S TIGER MAIL ACCOUNT IS ACCEPTABLE.

Withdrawals may affect financial aid, ETBU housing, athletic eligibility, & VA benefits regarding satisfactory academic progress and full-time enrollment. Indicate that you understand this by initialing here. _____

Course Number & Section _____ Title _____

REQUIRED SIGNATURES: *(In the order listed below)*

1. _____ Date _____
Student (**REQUIRED**) *(Your signature above indicates that you have read and understood the conditions and terms herein)*

2. _____ Date _____
Advisor (**REQUIRED**) *(Please review degree audit and the impact of this withdrawal on expected graduation)*

3. _____ Today's Date _____ Date Student Last Attended Class _____
Instructor (**REQUIRED**)

4. _____ Today's Date _____ Date Student Last Attended Class _____
Lab Instructor *(if applicable)*

5. _____ Date _____
Financial Aid *(if dropping below full-time status)*

6. _____ Date _____
VA Certification Officer *(VA Students only – if answered 'YES' above)*

7. _____ Date _____
Director of Compliance *(Athletes only – if answered 'YES' above)*

8. _____ Date _____
Director of Global Education *(International Students only – if answered 'YES' above)*

REGISTRAR'S OFFICE USE ONLY

RECEIVED & RECORDED BY: _____ DATE: _____