

CONCORDIA COLLEGE

NEW YORK

Name _____

*This form must be filed in the Registrar's Office to validate any course withdrawal. **Please note:** this Course Withdrawal may have an impact on your Financial Aid (federal, state and/or institutional) and planned graduation date.*

Student ID No. _____

YEAR: _____ **FALL** **SPRING**
 SUMMER **AE Term 1** **AE Term 2**

Student Signature Date
By signing this form, I understand the Financial Aid implications of course withdrawal(s).

Adviser Signature Date

COURSE WITHDRAWAL

CRN	DEPARTMENT	COURSE NO.	SECTION

Enter the CRN, Department, Course No. and Section for the course you wish to WITHDRAW from. Matriculated students must have their Adviser sign this form to authorize their withdrawal.

Withdrawal Grade:	*W []	*WP []	*WF []
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*Instructor Signature:

* Instructors must assign a withdrawal grade of **W**, (through mid-semester) or **WP** or **WF** (after mid-semester) when students **WITHDRAW** after the end of the **ADD/DROP** period. Consult the Academic Calendar for effective dates.

Date Entered: _____ Operator: _____