

OFFICE OF THE REGISTRAR
COMPLETE WITHDRAWAL FORM

TODAY'S DATE: (MM/DD/YYYY)

SEMESTER/YEAR:
 Spring _____
 Summer _____
 Fall _____

STUDENT LEVEL:
 00 Non-Degree
 01 Undergraduate
 02 Graduate
 04 Law
 05 Medicine

Student ID **Last Name** **First** **MI**

INSTRUCTIONS

To drop or withdraw from **some** of your courses, complete the Registration Transaction Form. If you are withdrawing from **all** your courses this semester, follow these steps:

- Fill out the Complete Withdrawal Form.
 - Through the end of the ninth week of classes:* All requests for complete withdrawals through the end of the ninth week of classes should be sent to: Office of the Registrar, The George Washington University, 2121 Eye Street NW, Washington, DC 20052.
 - After the ninth week of classes:* To withdraw from all classes without academic penalty after the ninth week of classes, students must petition the dean and receive written permission. The Complete Withdrawal Form and petition should be sent to the dean of the school or college in which you are enrolled.
- If you withdraw during the first four weeks of classes and you plan to return to GW to complete your degree or program, you should register for a "Leave of Absence" for the semester in which you are completely withdrawing in order to maintain your active student status. Students must contact the dean to request and have approval granted for a leave of absence for current and subsequent semesters.
- Complete the TELL US WHY YOU ARE LEAVING (with links) form online.
 For Undergraduates: <http://www.gwu.edu/ugradexit>
 For Graduate Students: <http://www.gwu.edu/gradexit>
- To ensure that your withdrawal is complete, make sure that you contact all offices that need to be informed of your leaving. The following is a partial list of offices that you may need to contact: Student Financial Assistance, Student Accounts, Housing Services, International Services, and Veteran Services. Failure to do so may result in your incurring additional expenses.

CURRENT ADDRESS:

Do you live in a GW residence Hall? Yes No
 Street (or resident hall and room number): _____

City: _____ State: _____ Zip: _____
 Phone: Day () _____ Eve () _____
 E-mail: _____ @ _____

CAMPUS:

Main Campus/MVC Virginia Campus
 Off Campus

FOR OFF-CAMPUS & VA CAMPUS STUDENTS ONLY:

Employer: _____
 City: _____ State: _____ Zip: _____

MILITARY STATUS:

Military, Active Duty Vocational Rehabilitation
 Military, Retired Reservist
 Military, Dependent

PERMANENT (or forwarding) ADDRESS:

Street: _____
 City: _____ State: _____ Zip: _____
 Country: _____ Phone: () _____
 E-mail: _____ @ _____

INSTRUCTIONS: COPY CRN, DEPT. ABBREVIATION, COURSE NO., SECTION, AND CREDIT HOURS FROM THE SCHEDULE OF CLASSES

COURSE REQUEST	WITHDRAWAL	CRN										DEPT. ABBR.	COURSE NUMBER			SECTION	CREDIT HOURS	COURSE TITLE

I request the above action be performed. Today's Date: _____
 Student's Signature: _____

Dean's Signature: _____
 (Required after the 9th week of classes) Today's Date: _____
 Effective Date (affects refund rate): _____