

**GW School of Engineering & Applied Science
LATE WITHDRAWAL FORM**

INSTRUCTIONS: This form is to be used by a student who wishes to withdraw from one or more courses after the withdrawal period has ended (*i.e.*, **after Week 9 of a Fall or Spring Semester**). This form **must** have the following signatures in this explicit order: (1) Course Instructor; (2) Faculty Advisor; (3) Department Chair; (4) Office of International Services (for those with F-1 & J-1 Visa status); (5) University Counseling Center Director (for mental health withdrawal); (6) Associate Dean. A completed **Registration Transaction Form** (RTF) must be attached, unless this is a “complete withdrawal” (withdrawal from all courses).

LATE WITHDRAWAL MAY NORMALLY BE GRANTED ONLY UNDER BOTH OF THE FOLLOWING CONDITIONS:

A. Exceptional circumstances, such as a certified medical absence or forced absence caused by work-related requirements.

B. Grades must be no lower than “C-” for graduate students or “D-” for undergraduate students, as of the date of the request.

STUDENT'S NAME:		GW ID:
SEMESTER & YEAR:		TELEPHONE:
Are you an INTERNATIONAL STUDENT with “F” or “J” immigration status? () YES // () NO		
ALL COURSES FOR WHICH YOU ARE REGISTERED THIS SEMESTER:		
(1)	(2)	(3)
(4)	(5)	(6)
Is this a TOTAL WITHDRAWAL? () YES // () NO <i>If “yes,” attach the GW “Complete Withdrawal Form.”</i>		
COURSES from which you are requesting withdrawal, and INSTRUCTOR'S VERIFICATION:		
Department Abbreviation, Course Number, & Section	Recommendation & Signature of Instructor	Grade to Date

REASON FOR WITHDRAWAL: You must attach verification, such as a note from your doctor, employer, *etc.* All supporting documents must be on official letterhead of the referring physician, hospital, or employer, and must be verifiable. Falsifying signatures or documents will result in disciplinary action.

UNIVERSITY COUNSELING CENTER CONFIRMATION for mental health withdrawal. Signature here serves as authorization from the University Counseling Center to the Associate Dean.

PRINTED NAMES & SIGNATURES:

STUDENT:	DATE:
FACULTY ADVISOR:	DATE:
DEPARTMENT CHAIR:	DATE:
ISO (if applicable):	DATE:
ASSOCIATE DEAN: Approved / Disapproved	DATE: