# WITHDRAWAL FORM

**Registrar's Office - registrar@cwi.edu - 208.562.3000 phone**
**5500 E Opportunity Dr - MS 1000 - Nampa, ID 83687 - www.cwi.edu**

This form is to be used by students who cannot drop or withdraw online from a partial or full schedule of courses. No course may be dropped or withdrawn from after 75% of the course or twelve weeks of the term have elapsed, whichever is earlier.

This form must be submitted in person by the student, through the student's CWI e-mail, by fax or mail with a copy of their valid photo ID.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

CWI STUDENT ID # _____ PHONE NUMBER (INCLUDING AREA CODE) _____ DATE OF BIRTH _____

## REASON

1. Decrease school work
2. Employment
3. Financial
4. Health
5. Instructor concerns
6. Personal
7. Reason not listed
8. Schedule adjustment
9. Unexpected course content
10. Unlikely to pass

## DROP OR WITHDRAWAL FROM SCHEDULE

**Semester :** Fall 20 _____ Spring 20 _____ Summer 20 _____

Please list all courses that you are requesting to be removed from your schedule:

| Subject | Course # | Section # | Credits | Reason (Select from above) |
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I understand that dropping or withdrawing from CWI courses may affect financial aid, academic standing, or the ability to continue in a chosen major. Please see your Advisor for more information.

STUDENT SIGNATURE _____ DATE _____