



WITHDRAWAL FORM

Registrar's Office - registrar@cwidi.edu - 208.562.3000 phone - 888.562.3216 fax
PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwidi.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 No course may be dropped or withdrawn from after 75% of the course or twelve weeks of the term have elapsed, whichever is earlier.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 _____
STUDENT ID -OR- SSN _____ 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 _____