COURSE WITHDRAWAL AFTER MID-POINT
UNDERGRADUATE STUDENTS ONLY
Central Connecticut State University
Registrar's Office, Davidson Hall, Room 116

I request permission to withdraw from: Semester: _______ Year: _______

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Dept &amp; Course #</th>
<th>Section</th>
<th>Title</th>
<th>Credits</th>
<th>Instructor</th>
</tr>
</thead>
</table>

Name: ___________________________________________ Last First Middle

Address: _________________________________________ No. & Street

City State Zip Code

Telephone: _______________________

Indicate the number of credits you will be registered for if the withdrawal is approved: ____________

POLICY: Withdrawal from courses will be allowed up to the end of the chronological midpoint in the course being attempted. The student will receive a "W" on the academic record. After this deadline has passed, withdrawal from a course may be granted and recorded on the student's permanent record as "W" if extenuating circumstances, supported by documentation, are found to justify the withdrawal. Poor academic performance is not considered as extenuating circumstances. If a student stops attending and fails officially to withdraw from the course, a grade of "F" will be recorded on the student's permanent record. This form is a request to withdraw from a course; approval is at the discretion of the Dean. YOU SHOULD CONTINUE ATTENDING CLASS UNTIL APPROVED BY THE DEAN.

FULL-TIME STUDENTS: Failure to carry a minimum of 12 credits may affect Satisfactory Academic Progress (SAP) and receipt of certain federal, state and other benefits including but not limited to various financial aid programs, Veteran's benefits and Social Security benefits. Students dropping below 12 credits are ineligible for participation in Intercollegiate Athletics.

 DEADLINE: This form must be received by the Registrar's Office one week prior to the end of the semester. Please obtain the signatures of the Instructor and the Department Chair. Upon completion, make arrangements to meet with the Dean to request approval.

REASON FOR WITHDRAWAL: ____________________________________________

DATE: ___________ SIGNATURE OF STUDENT: ________________________________

INSTRUCTOR'S NAME: ____________________________________________

REMARKS: ____________________________________________

AN AUTHORIZED "W" IS RECOMMENDED YES ___ NO ___ GRADE TO DATE _____

DATE: ___________ SIGNATURE: ________________________________

DEPARTMENTAL CHAIR: ____________________________________________

REMARKS: ____________________________________________

AN AUTHORIZED "W" IS RECOMMENDED YES ___ NO ___ GRADE TO DATE _____

DATE: ___________ SIGNATURE: ________________________________

ACTION OF THE DEAN: ____________________________________________

REMARKS: ____________________________________________

AN AUTHORIZED "W" IS RECOMMENDED YES ___ NO ___ GRADE TO DATE _____

DATE: ___________ SIGNATURE: ________________________________