



**Course Withdrawal Form**

NAME: Last:

First:

CFK ID:

Degree Seeking

YES

NO

Withdrawal Reason:

*\*Please select one.*

Personal

Work-Related

Medical

Active Military/Duty

Other

\*If you chose "Other," please explain.

Course Prefix

Course Number

CRN

Semester Hours:

Instructor Name:

**\* If there is a corresponding or paired lab with this lecture, please fill out a separate withdrawal form for the lab.**

Please fill out the last date of attendance or last date of activity, whichever is the later date.

DATE:

Last Date of Attendance

Last Date of Activity

**Before you withdraw from a course, you should be aware that course withdrawals:**

\*Will increase the cost of your education.

\*May affect your financial aid status, such as repayment of a portion of aid and restrictions on future eligibility.

\*May affect your transfer grade point average.

\*May result in your having to pay the full cost of instruction fee to retake the course.

\*May affect your anticipated graduation date.

\*May result in your being denied access to limited access programs.

\*May affect your immigration status if you are attending on a non-immigrant visa.

\*Will result in your required repayment of course fees paid by a Bright Futures scholarship.

**So, before you withdraw:**

\*Talk with your professor to discuss your progress in the course.

\*Meet with Financial Aid Staff and/or an Academic Advisor to discuss how a withdrawal will affect the status of your financial aid and your career and education plans.

Student Signature: \_\_\_\_\_

DATE:

Instructor Signature: \_\_\_\_\_

DATE:

**Instructors: Please e-mail the signed form from your College e-mail to Admissions at [admissions@cfk.edu](mailto:admissions@cfk.edu)**