**~Denmark Technical College~**

**Course Withdrawal Form**

**To the Student:** It is your responsibility to initiate the withdrawal process to obtain all required signatures on the withdrawal form. After you have received the signature from the Academic Champion and from the Registrar’s Office. Failure to do so could result in your receiving an “F” for not being properly withdrawn from the class.

**To the Academic Champion:** Your duty is to help the student as much as possible to remain enrolled at the institution. You should offer options to the student which might encourage him/her to reconsider withdrawing.

**To the Instructor:** You will be required to sign this course Withdrawal Form *(after the Academic Champion has signed)* in order to complete your section of the withdrawal process. If for any reason you decline/refuse to sign the form, please provide a reason or explanation.

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| --- | --- | --- | --- | --- | --- | --- |
| **Student Information** | | | | | | |
|  | | | | | | |
| **Name:** Click or tap here to enter text. | | |  | **ID#:** Click or tap here to enter text. | | |
|  | | |  |  | | |
| **Course Prefix** | **Course Number** | **Course Section** | **Credit Hour** | **LDA** | **Grade at time of withdrawal** | **Comments** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | | | | | | |
| Total Hours Registered for: Click or tap here to enter text. | | |  | Total Hours after Withdrawal: Click or tap here to enter text. | | |
|  | | | |  |  |  |
|  | | |  |  | | |
| Student’s Signature | | |  | Date | | |
|  | | |  |  | | |
| Academic Champion’s Signature | | |  | Date | | |
|  | | | | | | |
|  | | | | | | |
| Administrative Withdrawal (does not require student’s signature) | | | | | | |
| I Approve the Withdrawal | | | | | | |
| I decline/Refuse this withdrawal (please provide reason below) | | | | | | |
|  | | |  |  | | |
| Instructor’s Signature | | |  | Date | | |
|  | | |  |  | | |
| Explanation for Decline/Refusal (please print): Click or tap here to enter text. | | |  |  | | |