



SIMMONS UNIVERSITY
Office of the Registrar

300 The Fenway, Boston, MA 02115

Tel 617.521.2111 Fax 617.521.3144

WITHDRAWAL FORM

Student Name: _____ Simmons ID#: _____

Term and Year: Fall ____ Spring ____ Summer ____ Undergraduate Student

International Student: Yes No Graduate Student

Courses to be Withdrawn

| Department | Course # | Section | Credit Hours | Instructor's Signature | Final Grade |
|------------|----------|---------|--------------|------------------------|-------------|
| | | | | | W |
| | | | | | W |
| | | | | | W |
| | | | | | W |
| | | | | | W |
| | | | | | W |

A "W" will appear on the student's transcript for all courses dropped after the fourth week. All withdrawal forms must be returned to the Office of the Registrar to make the change official. Any student wishing to withdraw from a course after the eighth week of classes must petition the Administrative Board.

I am fully aware of the policies and procedures regarding these course withdrawals.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received On:

Processed By: _____ Date: _____