



Office of the Registrar
1400 Coleman Avenue • Macon, Georgia 31207-0001
Phone (478) 301-2494 • Fax (478) 301-2455

COURSE WITHDRAWAL FORM

You must remain enrolled in at least one class to use this form.

Name: _____ Student ID#: _____ Term: _____
(Last) (First) (Middle)

Course(s) to be dropped with grade of W Withdrawal is effective the date this completed form is received by the Office of the Registrar.		
Course (EX: MAT 133.001)	Credit Hours	Instructor's Signature Required

In order to receive a grade of **W** in a course after the drop/add/ late registration period, this form with appropriate signatures must be returned to the Registrar's Office no later than the published deadline date for course withdrawals. Note: **If you receive any type of financial aid, including scholarships, you should check with the Financial Planning Office regarding the possible effect of withdrawal. Submission of this form connotes change that may impact one's academic program and progress related to the Mercer Four Year Pledge.**

Student Signature: _____ Date: _____

Advisor Signature Required: _____ Date: _____

Required for Withdrawal After Deadline

Dean's Signature : _____ Date: _____

FOR OFFICE USE ONLY
Date received: _____
SIS updated by: _____

White - Registrar • Green - Advisor Copy • Pink - Student Copy

(10/09)mm