



Course Withdrawal Form

Registrar's Office, Kipling Rd, PO Box 676, Brattleboro, VT 05301-0676
802 258 3283 (office); 802 258 3470 (fax); www.sit.edu

Student ID N^o: _____ Program: _____

Instructor Name: _____ Date: _____

(Please print) Last Name First Name

Student Name: _____
(Please print) Last Name First Name Middle

Instructor signature: _____

Course Title: _____

Advisor Name: _____ Date: _____

(Please print) Last Name First Name

Course N^o: _____ Semester: _____

Advisor signature: _____

Reason for Withdrawal:

Course Withdrawal Policy:

Withdrawal from one or more courses after the add/drop period will result in a W grade for each course; the grade will appear on the student's academic record. The student may withdraw from classes during the first eight weeks of classes for full 12-week term courses. Courses meeting less than the full semester will have a prorated withdrawal period equal to two-thirds of the course length.

Student Signature: _____

Date: _____