THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON DC

OFFICE OF THE REGISTRAR

COMPLETE WITHDRAWAL FORM

TODAY'S DATE: (MM/DD/YYYY) _____

SEMESTER/YEAR:
❑ Spring _____
❑ Summer _____
❑ Fall _____

STUDENT LEVEL:
❑ 00 Non-Degree
❑ 01 Undergraduate
❑ 02 Graduate
❑ 04 Law
❑ 05 Medicine

Student ID **Last Name** **First** **MI**

INSTRUCTIONS

To drop or withdraw from **some** of your courses, complete the Registration Transaction Form. If you are withdrawing from **all** your courses this semester, follow these steps:

1. Fill out the Complete Withdrawal Form.
   a. *Through the end of the ninth week of classes*: All requests for complete withdrawals through the end of the ninth week of classes should be sent to: Office of the Registrar, The George Washington University, 2121 Eye Street NW, Washington, DC 20052.
   b. *After the ninth week of classes*: To withdraw from all classes without academic penalty after the ninth week of classes, students must petition the dean and receive written permission. The Complete Withdrawal Form and petition should be sent to the dean of the school or college in which you are enrolled.
2. If you withdraw during the first four weeks of classes and you plan to return to GW to complete your degree or program, you should register for a "Leave of Absence" for the semester in which you are completely withdrawing in order to maintain your active student status. Students must contact the dean to request and have approval granted for a leave of absence for current and subsequent semesters.
3. Complete the TELL US WHY YOU ARE LEAVING (with links) form online.
   For Undergraduates: http://www.gwu.edu/ugradexit
   For Graduate Students: http://www.gwu.edu/gradexit
4. To ensure that your withdrawal is complete, make sure that you contact all offices that need to be informed of your leaving. The following is a partial list of offices that you may need to contact: Student Financial Assistance, Student Accounts, Housing Services, International Services, and Veteran Services. Failure to do so may result in your incurring additional expenses.

CURRENT ADDRESS:

Do you live in a GW residence Hall? ❑ Yes ❑ No

Street (or resident hall and room number): _____

City: _____ State: _____ Zip: _____

Phone: *Day* ( ) _____ *Eve* ( ) _____

E-mail: _____ @ _____

PERMANENT (or forwarding) ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone:( ) _____

E-mail: _____ @ _____

CAMPUS:
❑ Main Campus/MVC ❑ Virginia Campus
❑ Off Campus

FOR OFF-CAMPUS & VA CAMPUS STUDENTS ONLY:

Employer: _____

City: _____ State: _____ Zip: _____

MILITARY STATUS:
❑ Military, Active Duty ❑ Vocational Rehabilitation
❑ Military, Retired ❑ Reservist
❑ Military, Dependent

COURSE REQUEST

INSTRUCTIONS: COPY CRN, DEPT. ABBREVIATION, COURSE NO., SECTION, AND CREDIT HOURS FROM THE SCHEDULE OF CLASSES

	CRN	DEPT. ABBR.	COURSE NUMBER	SECTION	CREDIT HOURS	COURSE TITLE
WITHDRAWAL						

❑ I request the above action be performed. Today's Date: _____

Student's Signature: _____

Dean's Signature: _____

(Required after the 9th week of classes) Today's Date: _____

Effective Date (affects refund rate): _____

10/02