



Official Withdrawal Form
Submit to records@trenholmstate.edu

Student Name _____

Student A# _____

Current Term & Year _____

Major _____

Student Signature _____

Date _____

Withdraw Passing = W grade

Withdraw Failing = WF grade

CLASS(ES) BEING WITHDRAWN			FOR INSTRUCTOR USE ONLY			
Course Reference Number (CRN)	Course #	Course Title	Last Date Attended	Grade of W	Grade of WF	Instructor's Initials

REASON FOR WITHDRAWAL
(Check One)

<input type="checkbox"/> Broke Academic Probation	<input type="checkbox"/> Family Responsibilities	<input type="checkbox"/> Class Was Canceled
<input type="checkbox"/> Financial Problems	<input type="checkbox"/> Need a Break From College	<input type="checkbox"/> Dissatisfied With Quality of Teaching
<input type="checkbox"/> Never Attended/No Show	<input type="checkbox"/> Unsure of Academic Goals	<input type="checkbox"/> Lack of Accessibility
<input type="checkbox"/> Lack of Interest in School	<input type="checkbox"/> Plan to Attend Another College	<input type="checkbox"/> Transportation Difficulties
<input type="checkbox"/> Moved Out of the Area	<input type="checkbox"/> Dissatisfied With Class Schedule	<input type="checkbox"/> Health Reasons
<input type="checkbox"/> Dissatisfied With Grades	<input type="checkbox"/> Unsure of Ability to Do Well	<input type="checkbox"/> Active Duty Military
<input type="checkbox"/> Work Conflicts	<input type="checkbox"/> Received Inadequate Advising	<input type="checkbox"/> Administrative Withdrawal