FULL-TIME UNDERGRADUATE
Course Withdrawal Form
(WITHDRAWAL DEADLINE LISTED ON ACADEMIC CALENDAR)

COURSE WITHDRAWALS:
1. If your total credit hours will remain above 12 or more credits, you must get the signature of your advisor.
2. If your total credit hours will drop below 12 credits, you must complete the Appeal to Withdraw Below 12 credits Form on the reverse side of this withdrawal form. Please visit the Office of Academic Advising before completing this to ensure that you are eligible. NOTE: Students on Academic Probation may not withdraw to below 12 credits under any circumstance.
3. If you are a student with an F1-VISA, whose withdrawals will bring their total in-progress credits to below 12, you must obtain the approval signature of the International Student Advisor in addition to other required signatures.
4. If you have a pending Academic Integrity case in the course you are wishing to withdraw from, permission to withdraw will not be granted.

WITHDRAWAL FORMS MUST BE SUBMITTED TO THE REGISTRAR’S OFFICE BY THE STUDENT WITH ALL OF THE APPROPRIATE SIGNATURES

Semester__________________________   Office Use Only_________________

ID #_____________________       Name__________________________________________

Circle Program:      BA     BFA    BMUS    BS          F-1 VISA:  Yes______   No_______

Dept.               Course #           Section #           Course Title                                  Instructor

________        ________         ________         _________________________     ____________

________        ________         ________         __________________________    ____________

After dropping this course my total credit hours will be: ________ credits.

If below 12 credits please see the opposite side of this form.

APPROVAL SIGNATURE:

Academic Advisor: ___________________________    Date: __________

I agree to abide by all policies and procedures as stated in Manhattanville College’s publications including payment of all charges and collection fees.

Student: ___________________________    Date: __________

Revised 5/2019
**APPEAL TO WITHDRAW BELOW 12 CREDITS**

**PLEASE NOTE:** The minimum credit load for full-time status is 12 credits. Permission to withdraw below 12 credits will only be considered for extraordinary reasons (e.g., illness or death in the family). **ALL appeals must be accompanied by appropriate documentation and submitted to the Director of the Office of Academic Advising with all signatures no later than the course withdrawal deadline for the semester in which the withdrawal is requested.**

**NOTE:** Athletes and students on Academic Probation are not eligible to withdraw below 12 credits.

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<th>Semester/Year</th>
<th>Resident</th>
<th>Commuter</th>
<th>International</th>
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Name: _______________________________  ID#: ________________________

Number of semesters at Manhattanville (including current semester)? _____

Are you receiving TAP?  YES ☐  NO ☐

**Course(s) from which you wish to withdraw:**

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<tr>
<th>Dept.</th>
<th>Course #</th>
<th>Section #</th>
<th>Course Title</th>
<th>Instructor</th>
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Total number of credits **AFTER** withdrawal: _______

I understand that by withdrawing below 12 credits I may be placing myself at risk for any or all of the following:

- Academic probation next semester (e.g. by earning fewer than 10 credits at the end of this semester)
- Reduction or loss of financial aid due to failure to meet satisfactory academic progress requirements for federal, state and/or institutional aid
- Loss of housing if you are a resident (usually effective within 24 hours of filing this form)

Student signature: ________________________________________________

You must obtain the below signatures before an appeal can be considered. If you are not a resident or an international student, please write NA in the respective signature spaces.

Office of Academic Advising: _________________________________________ Date: ___________

Director, Office of Residence Life: _________________________________ Date: ___________

Director, Office of Financial Aid: _________________________________ Date: ___________

(when applicable)

Director, International Student Services: ___________________________ Date: ___________

Cc: Academic Advisor  Office of the Registrar  Office of Financial Aid

Revised 5/2019