



Term Withdrawal Form

(Please submit to Office of the Registrar)

Photo ID is required when submitting this form. This form is valid after drop/add week.

Term: _____ Year: _____

(Spring Summer Fall)

Full Name: _____ I.D.#: _____

Last First Middle

Telephone: _____ Email: _____

Are you a student-athlete? ___Yes If yes, specify the sport: _____ ___No

Are you receiving G.I. Bill/VA Educational Benefits? ___Yes ___No

Are you an International Student? ___Yes ___No

Are you a scholarship recipient? ___Yes ___No

Last day of class attendance/participation: _____

Appropriate signatures must be obtained in order to clear your accounts before withdrawing:

1. Financial Aid Director _____
2. Residential Living, if applicable _____
3. Dining Services, if applicable _____
4. Dean of Students (Student Affairs) _____
5. Veteran Affairs Coordinator, if applicable _____
6. Institutional Effectiveness _____

If a term withdrawal is after the first 60% of the semester as indicated in the Academic Calendar, the student will receive a grade of passing or failing as deemed appropriate by your course instructors.

(WP = Withdraw Passing, WF = Withdraw with a grade of F)

Course _____	Instructor _____	___WP	___WF
Course _____	Instructor _____	___WP	___WF
Course _____	Instructor _____	___WP	___WF
Course _____	Instructor _____	___WP	___WF
Course _____	Instructor _____	___WP	___WF

I hereby request a term withdrawal from Tougaloo College for the term indicated above.

Student Signature

Date

I have examined the statement by the applicant and the officials concerned and I hereby approve the request for permission to withdraw from Tougaloo College from the aforementioned term, subject to all academic regulations pertaining to the applicant as of this date.

APPROVED, Office of the Provost _____ Date _____

Office Use Only: Processed by: _____	Processed on: _____
TERM (Semester/Session& Year) _____	
DATE WITHDRAWAL INITIATED _____	OFFICIAL WITHDRAWAL DATE _____