Withdrawal Request

Student ID Number: _____ **Semester:** ☐ Fall ☐ Spring ☐ Summer **Year:** _____

Student Name: _____

To ensure students have every opportunity to succeed before withdrawing, they are required to discuss their decision with an instructor and a financial aid counselor so they make an informed decision. Requests will not be processed after the published last date to withdraw. Academic Calendar: http://www.daytonastate.edu/academiccalendar/

Instructions

Student

Discuss your decision to withdraw with each instructor. Please complete the section below. ***Note***: If you cannot meet with your instructor, you may attach an e-mail from your instructor indicating you have discussed your options instead of having the instructor sign the form. You must also discuss your decision with a Financial Aid Counselor if you have received aid for this semester. Submit the completed form to Registration@DaytonaState.edu or the Falcon Center at any campus.

Instructor

Please sign next to the appropriate course indicating you have discussed this student's intent to withdraw.

Request – To be completed by student and instructor(s)

Course	Section	Instructor Name	Instructor Signature
Example ENC1101	501A	Dr. Jones	

Financial Aid – Check all that apply

☐ I have not received aid this term **Student Initials:** _____

Withdrawal will require repayment ☐ **Yes** ☐ **No**

Withdrawal will result in a suspension for this student ☐ **Yes** ☐ **No**

Counselor Signature: _____ **Date:** _____

Student Verification

I am requesting to withdraw from the class(es) listed. I have discussed my options to successfully complete the class(es) with each of my instructors. I have also discussed my decision with a Financial Aid counselor and understand the potential consequences of a withdrawal.

Student Signature: _____ **Date:** _____