## WINTHROP UNIVERSITY EXTENUATING CIRCUMSTANCES COURSE WITHDRAWAL

To be completed AFTER the last day to Withdraw for the specific course(s). See Registration Calendar for specific dates.

THIS FORM IS NOT TO BE USED TO REQUEST TUITION ADJUSTMENTS OR REFUNDS. Please contact the Student Financial Services Office for assistance with tuition adjustments or refunds.

Student Number	Name			Major	
Phone Number	Address			Email Address	
I am withdrawing from	m the following course(	s) because of extenu	uating circumstances:		
Subject	Course#	Section #	Term	Instructor	
illness which has res	ulted in the student's ir	ability to complete a	cademic responsibiliti	instability, physical injury or es; or a change in nonacademic hese course(s) because	
Student's signature			)ate		
Are you a student athlete? Do you receive VA benefits?		_ _	Are you an international student?		
note, e.g.) of your c Students may not re	ircumstances to this fo	rm and bring it to the als after the last day	Office of Records an of classes. The Regi	showing relationship, employer d Registration, 126 Tillman Hall. strar will determine whether the t of this decision.	
TO BE COMPLETED	BY REGISTRATION	PERSONNEL ONLY	: Approved	Not Approved	
Date Received:					
Effective Date:					
			Registrar Si	gnature	