



Undergraduate Academic Services
(843) 953-5674
FAX (843) 953-5544
E-Mail: Undergrad@CofC.edu

REQUEST FOR COMPLETE WITHDRAWAL FROM COLLEGE OF CHARLESTON

Student's Name _____ Student CWID _____
Last First Middle

Address to which verification should be sent **OR** email address:

_____ Term _____
_____ Telephone Number: _____

Please circle the appropriate answers to the questions below.

1. Are you currently enrolled in classes? Yes No If yes, will you complete this term? Yes No

NOTE: If a student is enrolled, but is not completing the term:

- a. between drop/add and the last day of withdrawal, the student receives grades of a W in all courses.
- b. between the last day of withdrawal and the end of the term, the student will receive grades of a F in all courses unless appropriate approvals are obtained through the Office of Undergraduate Academic Services. (843) 953-5674; fax:(843) 953-5544

2. Are you on any type of financial aid through the College of Charleston? Yes No

NOTE: If you received a Perkins Loan or a Direct Stafford loan, federal law requires that you have an exit interview with the Student Loan Accounting Office. Contact (843) 953-5751 to make arrangements as needed.

3. Do you have a Cougar Card? Yes No 4. Are you on a meal plan? Yes No

NOTE: If 3 is answered yes, check with the Cougar Card Office at (843) 953-4929 relative to the possibility of a prorated refund. If 4 is answered yes, check with Dining Services at (843) 953-5539 relative to the possibility of a prorated refund.

5. Are you in campus housing? Yes No

NOTE: Contact Residence Life at (843) 953-5523; fax: (843) 953-6590 if you have questions.

6. Are you withdrawing for any of the following reasons? (circle one) – Permanently/totally Disabled – Service in military (not transfer duty station) – Service in foreign aid service of government – Service in official church mission. If you are withdrawing for another reason, please explain.

7. Do you have any additional comments? (Please use back of this form.)

NOTE: The student is responsible for any outstanding debts to the College of Charleston. Failure to make arrangements to meet this obligation will result in the account being assigned to a collection agency.

Signature of student _____ Date _____

If this form is filed by telephone, the staff member taking the information should read all the appropriate notes above to the student. The staff member should sign the form and note the manner in which the information was taken (by phone, for example). If someone else files the form for the student, that person should note the relationship to the student as well as sign the form. A brief explanation of why they are filing rather than the student would be helpful.

All completed forms are to be directed to the Office of Undergraduate Academic Services.

Fax: (843) 953-5544

UAS Director's Approval _____ Date _____ Effective Date _____