



Withdrawal Form

Print-based and Course Credit by Exam

eCampus ♦ Haning Hall 102 ♦ 1 Ohio University ♦ Athens, OH 45701 ♦ 800.444.2910

Student Information:

Full name: _____

Ohio University PID#: _____

I request to be withdrawn from the following class(es):

Course Department and Number (e.g., ENG 1510)	Course Title	Credit Hours	Start Date	End Date

Reason(s) for withdrawal request:

Check the box by each of the following statements to affirm that you have read and understand the implications of your withdrawal.

- I understand that requesting to drop individual courses or a full withdrawal (dropping all courses) from Ohio University may have negative ramifications on any student loans, scholarships, veteran's benefits, etc., I am receiving.
- I subsequently understand that, depending on the date of my withdrawal request, I may not be eligible for a reduction of any tuition/fees.
- I understand that I am encouraged to speak with my academic advisor before requesting a full withdrawal.
- I certify that at the time of this request, I have returned any and all University property in my possession.
- I understand that a copy of this form will be provided to my academic College and maintained in my student record.

Student Signature: _____ Date: _____