



**Gwynedd Mercy University
Registrar's Office**

**COURSE WITHDRAWAL
FOR STUDENTS IN TERM PROGRAMS ONLY**

Name _____ Student ID _____

Major _____

Reason for Withdrawal _____

Do you participate in intercollegiate sports at the University? NO YES
If yes, a copy of this withdrawal form will be forwarded to the Director of Athletics.

Course Prefix & No	Credits	Course Title	Instructor	Office Use:
				Refund: <input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50%

Copies to:
Financial Aid
Billing Office
Advisor(s)
Athletic Office

Withdrawing from course(s) may affect your Financial Aid.
Please talk to the Financial Aid office, prior to submission.
**Students are financially responsible for the tuition of
withdrawn courses.**

Note: A grade of [W] will appear on the official transcript.
Courses with a grade of [W] are not included in the GPA.

Student _____ Date _____

Authorization:

Advisor _____ Date _____

Dean of Student's College (if after published deadline) _____ Date _____

PLEASE FORWARD TO THE REGISTRAR'S OFFICE registrarpaperwork@gmercyu.edu