

CONSORTIUM DROP/WITHDRAWAL FORM

Name: _____ GWID: _____
(Last, First, MI)

Semester/Year: _____ Phone: _____

Level: Undergraduate: _____ Freshman _____ Sophomore _____ Junior _____ Senior
 Graduate: _____ Masters _____ Doctoral

School: _____ Major: _____ Email: _____

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Consortium Institution Attended:

- | | |
|--|--|
| _____ American University
_____ Catholic University
_____ Corcoran College of Art and Design
_____ Gallaudet University
_____ George Mason University
_____ Georgetown University
_____ UMD—College Park | _____ Howard University
_____ National Defense Intelligence College
_____ Marymount University
_____ Southeastern University
_____ Trinity (Washington) University
_____ University of the District of Columbia |
|--|--|

Course Information:

Dept	Crse #	Sect #	Hrs	Course Title

I hereby request to drop or withdraw from the above Consortium Registration(s). I understand that I may be financially responsible for the above course according to the established University refund schedule. I understand that I may receive a grade of "W" for this course after the last day to drop courses.

Student's Signature: _____ Date: _____

Chair/Advisor's Approval: _____ Date: _____

DEAN'S OFFICE USE ONLY

DROP _____ **WITHDRAWAL** _____

Effective Date _____

Signature: _____