Drop
Withdrawal
Withdrawal Exception Form

Career:  □ Undergrad  □ Graduate  □ Law  Term: YR ____  □ Fall  □ Spring  □ Summer

Last Name: ________________  First Name: ________________  ID#: __________

Student Signature:______________________________  Date:____________________

<table>
<thead>
<tr>
<th>Class Number (REQUIRED)</th>
<th>Course No. (Subject#) (Catalog#) (Sec#) (REQUIRED)</th>
<th>Course Title</th>
<th>Drop (through 15th day)</th>
<th>WD (after 15th day)</th>
<th>WD already processed</th>
<th>Count in WD totals</th>
<th>DO NOT count in WD totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>75201..</td>
<td>3400 492 001..</td>
<td>Honors Project..</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>(pls initial)</td>
<td>(pls initial)</td>
</tr>
</tbody>
</table>

It is the responsibility of the student to determine the impact of withdrawing from courses on matters such as financial aid (including scholarships and grants), eligibility for on campus employment and housing, athletic participation, insurance eligibility and academic progress. Student should see his/her adviser for details. The refund policy is separate and distinct from the withdrawal policy. Students should make sure they are aware of the refund policy and how it may impact them financially. See [http://www.uakron.edu/student-accounts/refunds/](http://www.uakron.edu/student-accounts/refunds/).

DEAN: _________________________________

DATE: ________________________________

GRADUATE DEAN: ________________________________

DATE: ________________________________

LAW DEAN: ________________________________

DATE: ________________________________

COMMENTS: ____________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

OFFICE USE ONLY

Processed by: __________________________

Date: ________________________________