



WITHDRAWAL EXCEPTION FORM

Date: _____

Name _____ UV ID _____ Semester _____ Year _____

Individual Courses

Are you receiving veterans benefits? Yes No

Complete Withdrawal from All Courses (At least one faculty signature is required, if receiving Financial Aid)

List the Individual Courses from which you are requesting to withdraw

Students petitioning for a complete withdrawal, and who are financial aid recipients, MUST provide proof-of-attendance by having at least one instructor sign and date the form certifying they attended at least one class session.

CRN NUMBER	COURSE	SECTION	INSTRUCTOR SIGNATURE	DATE

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Comments:

Financial Aid Signature (if applicable): _____ Date: _____

Comments:

Department Chair Signature: _____ Date: _____

DEPARTMENT STAMP:

Comments:

One Stop Office Use Only:

Date Received: _____ Date Processed: _____ Initial: _____