CLAREMONT SCHOOL OF THEOLOGY

Course Withdrawal Form

Office of the Registrar
1325 N. College Avenue, Claremont, CA 91711 • Ph. (909)447-2502/2503 • Fax (909)447-6242/6241 • cstregistrar@cst.edu

You should submit this form if:

- You are dropping courses after the drop deadline but no later than the last day of the semester.
- You intend to withdraw from courses but not from Claremont School of Theology.

Students may withdraw from individual courses **after** the eighth week of the semester until the last day of the semester. Withdrawals are not accepted after the semester is completed. Students who intend to withdraw from school should complete the Withdrawal from Claremont School of Theology form. Students are responsible for all tuition and fees for each course from which they withdraw.

Courses from which a student withdraws will be given a grade of "W". All "W" grades are recorded on the student's transcript as credits attempted and will have an adverse effect on the student's ability to maintain Satisfactory Academic Progress. To not attend or stop attending a course does not constitute a withdrawal. Students who do not officially withdraw from a course, in which they are enrolled but not attending, will receive a non-passing grade of "UW" (Unofficial Withdrawal). This action will be noted on the transcript and will count the same as a grade of "F" in the student's cumulative grade point average. Students with a pattern of incomplete or dropped courses will be subject to academic probation or termination.

Academic Progress for Receiving Veterans' Administration Benefits. In accordance with V.A. Regulation 14235 (D) (3), no student who is receiving V.A. Benefits will be considered to have made satisfactory progress when s/he fails or withdraws from all courses undertaken (except where there are extenuating circumstances) when enrolled in two or more subjects for which there is unit credit.

Student Name: _____Student ID#: _____

Semester/Year: _____

Dept	Crse#	Sec	Title	Units

Student Signature: _____ Date: _____

Financial Aid Director Signature: _____ Date: _____

Business Office Signature: _____ Date: _____

Return Completed Form to the Office of the Registrar

Registrar's Office

Received _____
Initials Date