

UTICA COLLEGE
OFFICE OF GRADUATE AND EXTENDED SERVICES

COURSE DROP FORM

To: Registrar

Term: _____ 20____

I, (name) _____ (SS# or ID#) _____

am dropping the following courses (s):

as of today (date) _____. I understand that

my refund is computed from the above date.

Signature

Date Stamp

UTICA COLLEGE

WITHDRAWAL (WD) FORM

Date of notification by student: _____ Term _____ Bus. Off ____ Fin. Aid ____ Registrar ____

Date form completed: _____ MATRIC: Day _____ CE _____

Effective date for computing rebates: _____ Notified Dorm/Food Serv. _____

SS# or ID# _____ Date

Last First Middle

Address

Has DROPPED _____ COURSE CR. HRS. Tuition Account:

W/D _____ Use regular D&W Schedule _____

Pro-rate tuition _____

Give full rebate _____

Flat charge of \$ _____

REASON FOR WITHDRAWAL: Explain/Other: _____

Conflict with work _____ Illness _____

Registrar

Person Completing Form

Amt. of Debit: to Income Acct. No. _____ \$ _____ to Deferred fee \$ _____ to Strebel \$ _____

Amt. of Debit: to Dorm Acct. No. _____ \$ _____ Credit to Students Acct. No. _____ \$ _____

Amt. of Debit: to Board Acct. No. _____ \$ _____ Cr. To Scholarship Acct. No. _____ \$ _____