

Office of the Registrar, Room C158 Seventh Avenue at 27<sup>th</sup> Street New York, NY 10001-5992 www.fitnyc.edu/registrar

## **Course Withdrawal Form**

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Student Name		Student ID#	Term	
Course Number & Section	CRN Course N	lomo		
Course Number & Section (ex. EN 121, sec 401)	CRN Course N	vame		
Reason for withdrawal				
Student E-mail Address		Student Phone Number		
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permitted after that date (For Sumn	ner 1, Summer 2 and	d Winter withdrawal dates please re	k of the term; official withdrawal will fer to our website.) f obtaining your instructor's signature	
			Please refer to the Undergraduate Cat ade which will negatively impact your	
<ul> <li>Any course withdrawal can result in TAP, Stafford Loans etc. Please cons brings your registration below 12 cr</li> </ul>	sult with Financial Aid	d for federal aid and Registrar for N	n of your financial aid such as Excelsi YS TAP. In addition, <b>if</b> this course wit to insurance may also be affected.	or, PELL, hdrawal
I have read and understand the above cond	itions regarding cour	rse withdrawals and hereby authoriz	e FIT to withdraw me from the course	e listed above.
Signature		Date		
I acknowledge that the student named in the box above is withdrawing from my course and that the course information listed is correct.				
racknowledge that the student named in th	e box above is witho	rawing from my course and that the	course information listed is correct.	
Student's last date of attendance:	mm/dd/yy	(required)		
Instructor Name (Please print)		Instructor Signature	 Date	
Instructor E-mail Address		Extension/Phone #		