

Course Withdrawal Form

Office of the Registrar, Feldman 204
www.fitnyc.edu/registrar



Instructions:

Please read carefully before completing this form.

- **Withdrawal Deadlines: Fall/Spring:** Last day of Week 13 of the semester. **Winter Session:** Day 9 of the semester. **Summer Session:** Day 13 of the semester. There are no withdrawals after these periods.
- **Tuition & Financial Aid:** You are responsible for tuition and fees based on the official refund schedule. <http://fitnyc.edu/refunddeadlines>. Withdrawals may affect financial aid (PELL, TAP, Excelsior, loans, etc.). Please contact Financial Aid before submitting.
- **Academic Considerations:** Dropping below 12 credits may affect full-time status, which can impact student visas, housing, insurance coverage, etc. Speak with your academic advisor (EOP students: contact your EOP counselor). Check if withdrawing affects your future prerequisite and/or corequisite requirements.
- **What Happens When You Withdraw:** A WD grade will be recorded on your transcript and does not affect your GPA. You can find more details in the Undergraduate Catalogue.
- **Failure to Officially Withdraw:** If you stop attending without officially withdrawing, you will receive a WF grade, which does affect your GPA and financial aid and student record.

Required Information:

1. **Instructor Must Acknowledge:** Have your instructor complete their section and include last date of attendance or online login. If emailing, they should respond in an email with this information, and you must attach your course withdrawal form.
2. **Return Form to Registrar:** Bring completed form to C204 or email it to fit_registrar@fitnyc.edu within 48 hours of obtaining acknowledgment.
3. **Check your record in MyFIT** to ensure that you've been withdrawn.

STUDENT NAME _____ @ _____
STUDENT ID# _____ SEMESTER & YEAR _____

COURSE NUMBER & SECTION (Ex. EN 121, sec 401) _____ CRN (4 or 5 digit code found on schedule) _____ INSTRUCTOR NAME _____

REASON FOR WITHDRAWAL _____

STUDENT EMAIL ADDRESS _____ STUDENT PHONE NUMBER _____

I have read and understand the conditions regarding course withdrawals and hereby authorize FIT to withdraw me from the course listed above.

Student Signature _____ **Date** _____

To be completed by your instructor:

I acknowledge that the student is withdrawing from my course and that the course information and last date of attendance or last online login is correct.

Student's last date of attendance or last online login in your class: _____ **[REQUIRED]**
MM/DD/YY

INSTRUCTOR SIGNATURE (must be hand signed) _____ INSTRUCTOR NAME (Please Print) _____ DATE _____

INSTRUCTOR EMAIL ADDRESS _____ EXTENSION/PHONE NUMBER _____

Return to Registrar's Office, Room C204 or email to fit_registrar@fitnyc.edu