

Vincennes University
Distance Education
Drop/Withdrawal Request

Student ID: _____ Date: _____

Name: _____

Term: _____

SUBJECT	NUMBER	SECTION	COURSE TITLE	CR. HR.

Total: _____

Please read and initial the statements below.

_____ I understand it is my responsibility to check with the Financial Aid Office for any impact a withdrawal may have on my account or future eligibility.

_____ I have referred to the Tuition Credit Adjustment Schedule.
http://spreadsheets.google.com/pub?key=p0SDeuvWsF_CAmzcFwwofig

Student Signature: _____

Are you using Tuition Assistance? (Military students and spouses) _____

Reason for withdrawal request:

