



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Student Course Withdrawal Request

If form is not completed with the assistance of an Enrollment Advisor, please email signed form along with a copy of your photo ID to: RegistrarsOffice@GwinnettTech.edu

This form must be completed in its entirety.

GTC Student ID#: _____ Name: (Last, First M.) _____

Phone Number: _____ E-mail: _____

Program of Study (Major): _____ Term of Withdrawal: Fall ___ Spring ___ Summer ___

Please **check** the appropriate box(es) below to indicate the reason(s) for your withdrawal:

Academic		Personal	
Low course grade	<input type="checkbox"/>	My own medical/illness need	<input type="checkbox"/>
Passing but want to retake course	<input type="checkbox"/>	Family medical/illness need	<input type="checkbox"/>
Need time for other courses	<input type="checkbox"/>	Work schedule/conflict	<input type="checkbox"/>
Lack of interest in the course(s)	<input type="checkbox"/>	Moving/relocating	<input type="checkbox"/>
Other (please provide brief description):			

Do you intend to take classes at GTC next semester or in the future? Yes ___ No ___

Course(s) to be Withdrawn

5 Digit CRN # (See Course Schedule in Banner)	Course Title and Number	Instructor Name

Please **initial** the boxes below and then sign:

___ I understand withdrawing from the above course(s) can negatively affect my future financial aid eligibility. If I have federal financial aid (Pell Grant, student loans, FSEOG) and totally withdraw from all courses on my schedule, my financial aid will be recalculated according to the percentage of the semester I complete according to federal law (Return to Title IV). I understand that withdrawing prior to the financial aid disbursement date can impact federal loan eligibility. This may result in my owing a balance to the college for which I must repay unearned financial aid funds.

___ I understand it is my responsibility to confirm with my Enrollment Advisor (and the Office of Military and Veteran Student Support if using VA Educational Benefits) how my financial aid may be impacted as a result of this withdrawal. I can find information about how to consult with my Enrollment Advisor at <https://gwinnettech.edu/enrollment/one-stop/>.

___ I understand withdrawing from class(es) (either before or after the "W" deadline) counts as credit hours attempted but not completed when determining financial aid eligibility according to GTC's Policy for Satisfactory Academic Progress (SAP).

Dual Enrollment students also initial the statements below:

___ I understand it is my responsibility to inform my high school about my withdrawal and to find out if my high school graduation path may be affected by this withdrawal.

___ I understand that after withdrawing from 2 courses, I will no longer be eligible for Dual Enrollment Funding.

Student Electronic Signature: X _____

*If form is not completed with the assistance of an Enrollment Advisor, please email signed form & copy of ID to RegistrarsOffice@GwinnettTech.edu. If the name on photo ID does not match Gwinnett Technical College records, you must provide supporting documentation of name change. *

Registrar Use Only:

Processed by: _____ Date Processed: _____ ID Verified by: _____