



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

# Student Withdrawal Request

*This form must be completed in its entirety.*

[RegistrarsOffice@GwinnettTech.edu](mailto:RegistrarsOffice@GwinnettTech.edu)

Student # or/SS#: \_\_\_\_\_ Name (Last, First M.): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Program: \_\_\_\_\_

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

Academic	Personal
1. Low course grade	5. My own medical/illness need
2. Passing but want to retake course	6. Family medical/illness need
3. Need time for other courses	7. Work schedule/conflict
4. Lack of interest in the course(s)	8. Moving/relocating
9. Other:	

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

Course Registration # (CRN) 5 digits	Course Title and Number	Instructor Name

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

\_\_\_\_ I understand that withdrawing from a class or classes can negatively affect my financial aid eligibility. I understand that it is my responsibility to confirm with my Enrollment Advisor how my financial aid may be impacted as a result of this change.

\_\_\_\_ I understand that withdrawing from a class or classes (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).

\_\_\_\_ I understand that if I have federal financial aid (Pell Grant, student loans, FSEOG) and totally withdraw from all courses on my schedule that my financial aid will be recalculated according to the percentage of the semester that I completed according to federal law (Return to Title IV). This may result in owing a balance to the college in which I must repay unearned financial aid funds.

\_\_\_\_ I understand that withdrawal done after the midpoint of semester will result in a grade of "WF" unless written appeal with supporting documentation approved by the Office of Academic Affairs.

\_\_\_\_ I understand that if I am a Dual Enrollment student it is my responsibility to inform my high school and to find out how my high school graduation path may be affected.

\_\_\_\_ I understand that if I am a Dual Enrollment student and have two or more withdrawals, I will not be eligible to receive dual enrollment funding.

Student Signature \_\_\_\_\_

Email completed form to [EnrollmentSupportCenter@GwinnettTech.edu](mailto:EnrollmentSupportCenter@GwinnettTech.edu).

\*For verification purposes, students must send this form from their GTC Student Email Account.

**Registrar Use Only:**

Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_ ID Verified by: \_\_\_\_\_