



REQUEST FOR COMPLETE WITHDRAWAL FROM COLLEGE OF CHARLESTON

Name: _____ Student ID#: _____
Last First M
 Address: _____
 Phone: _____ Email: _____ Last term enrolled at CofC: _____

Please answer all questions below.

If you have any questions or need clarification, please contact the Center for Academic Performance & Persistence at 843.953.5674 or capp@cofc.edu.

1. Are you currently enrolled in classes? No Yes
 If yes, will you complete your classes this term? No* Yes
 *Students currently enrolled who are NOT planning to complete the current term, please note that requesting a "Complete Withdrawal from the College" will NOT result in a grade of "W" for current courses. Please consult the following:

- Before drop/add ends: Student must drop courses online in MyCharleston.
- Between drop/add and the last day to withdraw: Student must withdraw themselves from courses online in MyCharleston. Student will receive grades of a W in all courses.
- After the last day of withdraw: Student will receive grades of a F in all courses unless appropriate late withdrawal approvals are obtained through the Center for Academic Performance & Persistence. Contact CAPP for more information about the process of petitioning for late withdrawal from courses.

2. Are you on any type of financial aid through the College of Charleston? No Yes
 If you received a Perkins Loan or a Direct Stafford loan, federal law requires that you have an exit interview with the Student Loan Accounting Office. Contact 843.953.5751 to make arrangements as needed.

3. Do you have a Cougar Card? No Yes
 If yes, check with the Cougar Card Office at 843.953.4929 about to the possibility of a prorated refund.

4. Are you on a meal plan? No Yes
 If yes, check with Dining Services at 843.953.5539 about to the possibility of a prorated refund.

5. Are you in campus housing? No Yes
 If yes, contact Residence Life at 843.953.5523 to arrange move-out procedures.

6. What is your reason for requesting a Complete Withdrawal from the College? (check one)*

<input type="checkbox"/> Employment conflict	<input type="checkbox"/> Foreign aid service of government
<input type="checkbox"/> Official church mission	<input type="checkbox"/> Service in military (not transfer duty)
<input type="checkbox"/> Family problem/emergency	<input type="checkbox"/> Medical circumstances
<input type="checkbox"/> Permanently/totally disabled	<input type="checkbox"/> Other (Please give specifics)
<input type="checkbox"/> Financial hardship	_____
<input type="checkbox"/> Personal reasons	(If necessary, use back)

*****Students requesting Complete Withdrawal are responsible for any outstanding debts to the College of Charleston.***
 Failure to make arrangements to meet this obligation will result in the account being assigned to a collection agency.**

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

Approved/Denied: _____ Effective Term: _____
 CAPP Staff Signature _____ Date _____