

DMBA WITHDRAWAL FORM
EXTENDED STUDIES (C2) CREDIT COURSE

UNIVERSITY of COLORADO
at COLORADO SPRINGS

(For Office Use) COLLEGE: _____ COORDINATOR: _____ PHONE: _____ PO Box 7150, COLO SPRINGS, CO 80933-7150

Last Name First Name Middle Name Former Name, if applicable

Student #/Social Security # _____

YEAR: _____

TERM: / SPRING
 / SUMMER
 / FALL

I wish to **DROP/WITHDRAW** from the following course (If the course has already begun, a grade of 'W' will be recorded on your transcript):

DROP (check here)	TITLE OF COURSE	COURSE #	SEC #	CREDIT HRS	START DATE
**					

REQUIRED SIGNATURES & DATE

INSTRUCTOR _____ (FOR COURSES WHICH HAVE ALREADY BEGUN)

COLLEGE DEAN _____

Have you received an award from the UCCS Financial Aid Office? / No / Yes → **Financial Aid Officer Signature & Date** _____

Are you receiving benefits from VA? / No / Yes → **Veteran's Affairs Officer Signature & Date** _____

Was your tuition paid by a third party? / No / Yes → **Company Name & Address:** _____

****** I understand that it is my responsibility to know the regulations of the school or college concerning add/drop/withdraw/pass/fail enrollment and I accept full academic and financial responsibility for each add/drop/withdraw/pass/fail. Changes are not official until form is complete. **STUDENT'S SIGNATURE:** _____ **DATE** _____

(FOR OFFICE USE) **AMOUNT TO REFUND, IF ANY:** \$ _____

Circle One: SIS Scr:104 (drop) Scrn:113 (withdraw – no refund)

_____ **Date** _____

DATE COMPLETED _____ **BY A&R STAFF** _____

ES Coordinator Signature

Copy to Bursar Office _____