



East Georgia College  
 Office of the Registrar  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2014 Fax: (478)289-2140

**Total Withdrawal from Classes**

**\*\*Please read this form in its entirety.** Upon completion of this form, you will be withdrawn from all of your classes for the current semester. Withdrawal request may be faxed to the number above or returned in person to the main campus in Swainsboro or to the EGC Statesboro site. This form is completed on or after the first day of the semester.

Withdrawal from:  Fall  Spring  Summer Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ EGC Student ID#: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
City State Zip Code

Reason for Withdrawal: \_\_\_\_\_

Class Schedule:

*\*\*You must fill in current schedule information or attach print-out of schedule.*

<u>CRN</u>	<u>Course Subject</u>	<u>Number</u>	<u>Instructor Signature</u>

Have you attended these courses?  Yes  No

**CAREFULLY READ THE INFORMATION BELOW**

**\*\*If you answer yes, you will be withdrawn from all registration for the semester and will receive a grade of "W" for each course. The "W" has no impact on your **Academic Standing**; however, the "W" will affect your financial aid standing. Please consult the Financial Aid policy regarding Satisfactory Academic Progress (SAP) found on the Office of Financial Aid website. Additionally, you will be charged a prorated amount for the time spent registered for the course(s).**

**\*\*If you answer no, you must provide written verification from each instructor stating that you did not attend his/her course. Without verification from each of your instructors, **the Registrar's Office will process the courses as withdrawals and you will be responsible for any tuition/fees incurred.****

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date stamp in this area:

**Office Use Only:**

Registrar's Office Signature: \_\_\_\_\_

Code Used for Withdrawal: \_\_\_\_\_ WD \_\_\_\_\_ WT \_\_\_\_\_ WM

Copy: Office of Financial Aid \_\_\_\_\_

Copy: Student Accounts \_\_\_\_\_