

The University of Akron

Office of the University Registrar

Akron, OH 44325-6208

registrar@uakron.edu

Fax: 330.972.6097

Drop Withdrawal Withdrawal Exception Form

Career: Undergrad Graduate Law Term: YR _____ Fall Spring Summer

Last Name: _____ First Name: _____ ID#: _____

Student Signature: _____ Date: _____

| Class Number (REQUIRED) | Course No. (Subject#) (Catalog#) (Sec#) (REQUIRED) | Course Title | Drop (through 15 th day) | WD (after 15 th day) | WD already processed | Count in WD totals | DO NOT count in WD totals |
|-------------------------|--|------------------|-------------------------------------|---------------------------------|----------------------|--------------------|---------------------------|
| 75201.. | 3400 492 001.. | Honors Project.. | ✓ | ✓ | ✓ | (pls initial) | (pls initial) |
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It is the responsibility of the student to determine the impact of withdrawing from courses on matters such as financial aid (including scholarships and grants), eligibility for on campus employment and housing, athletic participation, insurance eligibility and academic progress. Student should see his/her adviser for details. The refund policy is separate and distinct from the withdrawal policy. Students should make sure they are aware of the refund policy and how it may impact them financially. See <http://www.uakron.edu/student-accounts/refunds/>.

DEAN: _____

DATE: _____

GRADUATE DEAN: _____

DATE: _____

LAW DEAN: _____

DATE: _____

COMMENTS: _____

OFFICE USE ONLY

Processed by: _____

Date: _____