

Academic Withdrawal Request

Date:		

Fall: _____Spring: ____Summer: ____

Amarillo College	Chudout Nome.		Student ID			
	Student Name:		or ACNet ID:			
		Student Signature:				
Please use blue or black ink per	n only.					
Form must be submitted to any						
Course Name, Number, Section	Instructor Printed N	lame	Instructor Signature Required			
(Example: ENGL-1301-001 1.						
1.						
2.						
3.						
4.						
 .						
5.						
6.						
7.						
•						
			ere are a few things to be aware of:			
Did Student Receive Financial A		1. Dropping all courses before you reach the 60% point of the semester could result in you having to pay back some of your financial aid funds.				
	2. Students who rece	ive federal financ	ial aid funds are required to maintain a 67% pace			
No		of completion, or complete at least 67% of all the courses that you attempt. Withdrawing				
Yes. I have read the		from a course will result in a non- completion and will affect your Pace of Completion. Please contact our office at 806-371-5313 if you have any additional questions regarding				
	withdrawing from this		ore in your nave any documental queenend regarding			
Are you using Veteran Benefits	? No	No				
	Yes Submit	Yes Submit completed form to Veterans Benefits Coordinator. SSC 151B				
Required if student is withdraw						
Developmental Developmental Advisor Printed Name: Advisor Signature:						
Advisor Printed Name:	Adv	isor Signature:				
Advisor Printed Name:	Adv	isor Signature:				
Reason for Withdrawal:		Far	mily Death			
Student Illness		0.1				
Student Work Schedule	e Change	Oti	her:			
Log-in Issues						
Instructional Issues						
Issues with Blackboard						
Computer/Other Technical Difficulties			For Office Use Only:			
Family Illness			Completed by			