APPLICATION TO WITHDRAW FROM A COURSE

(Withdrawing from a course will result in a grade of W on your transcript)

NAME _______________________________ BARNARD I.D. # ___________________________

(Please Print)

CLASS OF 20__________ DATE ____________________ BARNARD E-MAIL ADDRESS _____________________________

COURSE

Dept. __________ Course No. __________ Sect. __________ Pts __________

Instructor’s Name ____________________________

(Please Print)

Course Title _____________________________

Adviser’s Name (Please Print) _____________________________

Course Call No. ___ ___ ___ ___ ___

Signature of Adviser (or attach the adviser’s emailed approval) _____________________________

REASON FOR CHANGE: _____________________________________________________________

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Student: Please email this form, along with your adviser’s emailed approval, to registrar@barnard.edu.

Please note that withdrawing from one or more courses may have an impact on your degree progress and future financial aid eligibility in some cases. Please consult with your adviser and/or financial aid if you have questions.