

BARNARD Registrar's Office
107 Milbank Hall
212.294-2011
registrar@barnard.edu



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 _____ Instructor's Name _____
Dept. Course No. Sect. Pts (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: _____

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.