College of Architecture and Urban Studies

VirginiaTech
Invent the Future

COURSE WITHDRAWAL
Request to Apply the "W" Grade Policy

INSTRUCTIONS

Students may apply the W grade option to a maximum of three (3) courses, regardless of credit hours per course, during their undergraduate academic tenure. **This completed form must be submitted to CAUS Undergraduate Academic Affairs located in Cowgill Hall Room 202 with your signature and your advisor's signature no later than 5:00 PM on the last day of classes for courses taken during the current semester.** Course(s) from which you have officially withdrawn will appear on HokieSpa as a W grade after final grades are posted and will not count in your GPA hours nor in any GPA calculations.

Part I.

- **Have you used Course Withdrawal prior to this semester?** ☐ Yes ☐ No
  If "yes," how many courses have you previously withdrawn from? ☐ 1 ☐ 2 ☐ 3 *Maximum allowable is three*
- **Do you currently have any holds on your account?** ☐ Yes* ☐ No
  *Please note that this Course Withdrawal request cannot be processed until holds are removed.

Part II. Please Print

Student ID #	*Today's Date*
Name	*CAUS Major*
Email **@vt.edu**	*Cell number*

Apply course withdrawal to the following course(s):

CRN *5 digits; must be accurate*	**Department** *Examples: MATH, BC, CHEM*	**Course Number**	**Credit Hours**

Special Instructions: If you are withdrawing from a course with a zero credit lab, you must withdraw from the lab as well, however the lab will not count as one of your three withdrawals. **You must include the lab's CRN in a space provided above.**

I understand that this request does not result in the refund of any fees. I acknowledge that it is my responsibility to check with the Financial Aid Office to ensure that reducing my credit load through use of this form does not impact any type of aid I may be receiving. I also understand that the course withdrawal policy may not be applied to courses that have Undergraduate Honor System violations associated with them.

SIGNATURES **Your Academic Advisor's signature must be obtained before submitting this request. Requests received without your advisor's signature will not be processed.**

Student _____ Date _____

Advisor _____ Date _____

CAUS Associate Dean _____ Date _____

Submit Form to 202 Cowgill Hall