BELCROFT UNIVERSITY

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759

admissions@belcroftuniversity.com

+1 (813) 772-3772

Course Withdrawal Request Form

Students who wish to withdraw from one or more courses after registration must submit this form for review and approval. Course withdrawal may affect academic progress, tuition obligations, and eligibility for university benefits. Students should consult their academic advisor and appropriate university offices before submitting this request.

Course Withdrawal Guidelines

Course withdrawal requests must be submitted by the applicable withdrawal deadline published in the university academic calendar. A withdrawal may result in a withdrawal ("W") grade on the student's academic record in accordance with university policy. Students receiving financial aid or scholarships should consult the appropriate university office regarding potential impacts before submitting this request. International students must obtain guidance from the International Student Services office before reducing their course load, as withdrawal may affect immigration status. Submission of this form does not guarantee approval and is subject to review by the appropriate university officials. Students are responsible for understanding all academic, financial, and immigration consequences associated with course withdrawal.

Student Information

Student Name (First - Middle - Last)	
Student ID	
Phone Number	
Email Address	
Degree Level	☐ PhD ☐ Dental ☐ Master's
Term of Withdrawal	☐ Fall ☐ Spring ☐ Summer
Year	
Program of Study	
Date of Withdrawal Request	___/____/_____

Withdrawal Course Information

Course Number	Course Name	Credits	Instructor Signature	Reason for Withdrawal

Student Acknowledgement

☐ I certify that the information provided on this form is accurate and complete. I understand that withdrawal from a course may affect my academic progress, tuition and fee obligations, and, if applicable, my immigration status. I acknowledge that submission of this form does not guarantee approval and that I am responsible for understanding the consequences associated with course withdrawal.

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Signature of the Student _____ **Date:** _____/____/_____

Advisors Recommendation

Advisor Comments	
Advisor Name	

Signature of the Advisor _____ **Date:** _____/____/_____

For Office Use Only

Date Received ___/____/_____	Request Verified ☐Yes ☐No
Processed By _____	Date Processed ___/___/_____

Note:

- Submission of this form does not guarantee approval of the withdrawal request.
- Students are responsible for understanding the academic, financial, and immigration consequences associated with course withdrawal.
- International students should consult the International Student Services Office before reducing their course load.
- Approved withdrawals are processed in accordance with University policies and published deadlines.