



# Guaranteed Withdrawal Form

LMC ID #: \_\_\_\_\_ Name: \_\_\_\_\_

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_ Today's date: \_\_/\_\_/\_\_

Phone: (\_\_\_\_) - \_\_\_\_\_ May we text you?  Yes  No

I am withdrawing from all courses for the semester – or-

I am withdrawing only from the following course(s):

5-digit CRN	Subject/Number (ex: BIOL 101)	Course Title (ex: Intro Biology)	Instructor

If withdrawing from all courses, do you plan to return to LMC?

Yes, in the \_\_\_\_\_ semester of 20\_\_\_\_  No

Please help us become a better college by telling us why you are withdrawing. This information will be used for statistical purposes only.

Employment  Financial Reasons  Medical  Grades  Covid19  Other \_\_\_\_\_

*\*\*\*Read the following statements and initial each to indicate that you understand the potential effects of withdrawing from classes\*\*\*:*

\_\_\_\_\_ I understand that withdrawals are not eligible for a refund and will result in a W grade on my transcript.

\_\_\_\_\_ I understand that withdrawing may affect my financial aid eligibility or cause me to owe money to the college. I understand it is my responsibility to speak with the Financial Aid Office to see how my account is affected.

\_\_\_\_\_ I understand that withdrawing may cause me to graduate late.

\_\_\_\_\_ I understand that withdrawing may affect my athletic eligibility, on-campus housing, or F-1 status. I understand it is my responsibility to speak with the appropriate department to understand how I am affected.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Processed by: _____	Date: _____ <input type="checkbox"/> OW Status updated for full withdrawal