COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

WITHDRAWAL PETITION CHECKLIST

CF ID No.: _____ **Date:** _____
MM/DD/YY

Legal Name: _____
Last First Middle (complete) Jr., etc.

Action Requested

- ☐ withdraw after deadline to withdraw with a W grade
- ☐ change failing grade to a W grade
- ☐ drop with a refund
  - ☐ college error ☐ never attended ☐ extenuating circumstances

Reason for Withdrawal (check all that apply)

- ☐ Medical ☐ Legal ☐ Death
- ☐ Immediate family member: ☐ Student ☐ Child ☐ Parent/Legal guardian
  ☐ Spouse ☐ Sibling
- ☐ Involuntary call to military duty (attach orders)
- ☐ Other Explain: _____

_____

_____

_____

Potential Financial Impact

I am receiving services and/or funding (which may be impacted if withdrawal or drop with a refund is approved) from the following office(s):

☐ Financial Aid ☐ Veterans Affairs ☐ International Student ☐ Athletics

Student verifies that:

- ☐ Course(s) are not a third or fourth attempt at CF since 1997
- ☐ Course(s) are not a required preparatory class pursuant to college policy
- ☐ Course(s) are not Dual Enrollment, Law Enforcement or Corrections courses
- ☐ It has been one semester or less since being enrolled in course(s)

If I choose to pursue the petition to withdraw, I understand the documentation required and have read the college's policies and procedures regarding withdrawal.

_____ _____
Student Signature Date: MM/DD/YY