

Academic Services Office
P: 304.473.8046
E: 304.473.8531

F: 304.473.8531 E: registrar@wvwc.edu

## SUMMER SESSION 2023 WITHDRAWAL FORM

Return completed form to the Acad	demic Services Office via fax (304-473-	-8531) or email to registrar@wv	wc.edu
I hereby request permission to with	ndraw from:		
Dept. & Course #	Course Title		Semester Hours
Current class load is	hrs Adjusted class load will	be hrs (If zero, a ter	m WD will be processed)
My reason for wishing to with	draw (required):		
Recommendation and commen	nt of Instructor:		
	Signa	nture of Instructor	(Date)
International student on  I have read and understand the f  I understand tuition refunds  I understand that my withdra complete withdrawal from su		eive for summer. I understand all all all be directed to the Office of Fina	ncial Aid.
Date	Signature of	of Student	
Email:	Campus Bo	OX	
will receive refunds of the differen first two days of the session (add/d Students are required to notify the Reg	that result in a reduction of load during ce in tuition charges according the sche rop period), course fees are not refunda  Policy for Withdrawal from istrar's Office to complete the withdrawal fission withdraw will be processed according	dule listed above for withdrawa ble.  n the College rom school process. If a course with the c	l from the College. After the
Summer Session I 2023 May 10 – May 13 May 14 – May 17	Summer Session II 2023 June 12 – June 15 June 16 – June 19	MSN/DNP Session 2023 May 10- May 20 May 21 – May 31	Student Responsibility 20% of tuition 40% of tuition
May 18 – May 21 After May 21	June 20 – June 22 After June 22	June 1 – June 11 After June 11	60% of tuition 100% of tuition
Approved Not App	proved	Date Posted	
Registrar		Processed: RGN	STAC FA/ATHL/INTL