NAME:					/ /
(PLEASE PRINT) LAST	FIRST	MIDDLE	COLLEGE	SEMESTER	DATE
STUDENT ID NUMBER					
DEPT ABBREVIATION	COURSE NUMBER	SECTION	CODE NUMBER	CREDIT HOURS	_
INSTRUCTION	ONS READ CAREFULLY	UNIVERSITY OF VERMONT			
financial aid. Also, if you are addi may incur additional tuition charg Financial Services <i>BEFORE</i> you v	rse may result in a significant chaning a course to replace the withdrawges. If you have any questions, conswithdraw. f this form and return it to the Regional control of the segment of	COURSE WITHDRAWAL FORM			
Steps 1-3 must <u>always</u> be comple Continuing Education St	eted unless you are a Continuing audents must complete sections 2	Step 4 must also be completed by all students if withdrawing after the official withdrawal date. Please check the Academic Calendar for specific dates.			