

## **Course Withdrawal Online Programs**

OFFICE OF THE REGISTRAR 5000 DEER PARK DRIVE SE, SALEM, OR 97317-9392 503-375-7017 | 503-585-4316 fax

Student's Last Name	(please print)	_ First Name _	(please print)	Student ID#
Course withdrawing from:				
Credits				
Reason for withdrawing	from course:			
Is this the only course you	are enrolled in this semes	ster:	☐ Yes	□ No
changing your schedule.	you are dropping a cour	se after the p	ublished add/dr	derstand the financial ramification of op date. Policy states there will be no on.
to return to Corban Unive	ersity a portion of the re rrangements with the F	efund you hav inancial Servi	e received. You	you qualify for and may result in having will be required to repay the overpay- n 45 days, or have the federal aid over-
☐ I have read the above stater	ment			
☐ I have consulted with my ac	dvisor			
$\square$ I am a Corban athlete and h	nave contacted the FAR – Faci	ulty Athletic Rep.		
Student Signature:				Date:
COURSE WITHDRAWAL I	INSTRUCTIONS:			
, , ,	lendar for course drop/with			ithdrawal/drop falls within the deadline for

- course withdrawal. If it is after the withdrawal date, the Registrar's Office will not be able to process this request.
- If you are participating in Corban athletics, contact the FAR-Faculty Athletic Rep regarding eligibility
- 3. Submit completed form to: registrar@corban.edu
- Pay the withdrawal fee online **HERE**
- Once the form is submitted and the course withdrawal fee has been paid you will then receive a letter grade of "W" on your transcript for this course.