

**Notification of Intent to Withdraw from Classes**

Student: \_\_\_\_\_ Parkland ID #: \_\_\_\_\_

*I wish to withdraw from the following course(s):* Semester: Fall  Spring  Summer 

- 1) \_\_\_\_\_ I,\* \_\_\_\_\_ am aware that this student is  
*Course* (*\*Instructor/department chair/program director signature*) withdrawing from this course.
- 2) \_\_\_\_\_ I,\* \_\_\_\_\_ am aware that this student is  
*Course* (*\*Instructor/department chair/program director signature*) withdrawing from this course.
- 3) \_\_\_\_\_ I,\* \_\_\_\_\_ am aware that this student is  
*Course* (*\*Instructor/department chair/program director signature*) withdrawing from this course.
- 4) \_\_\_\_\_ I,\* \_\_\_\_\_ am aware that this student is  
*Course* (*\*Instructor/department chair/program director signature*) withdrawing from this course.
- 5) \_\_\_\_\_ I,\* \_\_\_\_\_ am aware that this student is  
*Course* (*\*Instructor/department chair/program director signature*) withdrawing from this course.

\* The instructor/department chair/program director's signature can be acquired in person or via email  
(Instructor/department chair/program director replies to student's email regarding withdrawal, student prints the email and submits it with this form to Admissions & Records).

Are you a student with an F1 Visa?  Yes  NoIf YES, you **MUST** meet with an International Admissions Advisor before withdrawing.**International Admissions**

International Admissions Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you withdrawing from all your courses?  Yes  NoIf YES, you **MUST** meet with a Financial Aid Advisor before withdrawing.**Office of Financial Aid and Veteran Services**Student received financial aid and/or veterans benefits while attending Parkland College? **YES**  **NO** 

Financial Aid Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that withdrawing from these courses may negatively impact my financial aid and/or veteran benefit. Student initials: \_\_\_\_\_

I understand that I am responsible for repaying any outstanding student loan debt and that failure to do so will have negative consequences on future eligibility at any college/university. Please contact the Office of Financial Aid and Veteran Services (U-286, 217-351-2222, or [finaid@parkland.edu](mailto:finaid@parkland.edu)) if you have any questions. Student initials: \_\_\_\_\_

I understand that withdrawing from these courses may negatively impact my academic progress. Please contact the Office of Counseling and Advising (U-267 or 217-351-2219) if you have any questions. Student initials: \_\_\_\_\_

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

**Submit completed form to the Office of Admissions and Records**