

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

Are you withdrawing from all your courses? YES  NO

***NOTE:** For a total withdrawal you may meet with an academic success advisor place of obtaining a separate signature for each class.*

**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 attaches the form to the email and submits it to Admissions & Records at [admissions@parkland.edu](mailto:admissions@parkland.edu)).

Are you a student with an F1 Visa? YES  NO

If YES, you **MUST** meet with an International Admissions Advisor before withdrawing (U-227).

**International Admissions**

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

**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 Counseling Services (U-267 or 217-351-2219) if you have any questions.**

Student initials: \_\_\_\_\_

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

**Submit completed form to Admissions and Records** - In person - Room U214, eMail - [admissions@parkland.edu](mailto:admissions@parkland.edu) or Fax (217) 353-2640

**Administrative Use**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_