

Are you a Dual Enrolled Student?

Yes

WITHDRAWAL FORM

Are you a DAP Student?

Yes

Are you a CPH Student?

Yes



This form is intended for a student to withdraw from their final course(s) after the drop/add dates listed on the Registration & Records Supplemental Calendar, available on the Registration & Records page of AthensTech.edu. **This form cannot be used to request withdrawals from a previous semester, part of term, or academic year.** Failure to formally withdraw from classes may result in a failing grade for each course and/or adversely affect financial aid. In addition, withdrawing from a class may affect your timeline as it relates to program completion. Forms may be submitted electronically to Registration@AthensTech.edu from your **ATC student email account**. Withdrawal Forms from personal email accounts will not be accepted.

Phone: 706-355-5013

Term _____

Registration@AthensTech.edu

Student's Full Name:		Student ID#:
Course Number (Example: ENGL 1101)	CRN (Example: 20365)	

Initial Each Blank

_____ It is highly recommended that you meet with your academic advisor each term as you select courses and prior to any schedule modifications. I confirm that I have met with my Advisor to discuss recommendations as it relates to the withdrawal from any course listed above, or I confirm that I have a full understanding of the potential negative effects of withdrawal from any courses listed above on my academic plan and academic goals.

_____ It is highly recommended that you meet with Financial Aid prior to submitting this withdrawal form. I confirm that I have discussed my plan to withdraw from the course(s) listed above with a staff member in ATC's Office of Financial Aid, or I have a full understanding of how the course withdrawal(s) listed above may affect my satisfactory academic progress, financial aid standing, and any others matters related to Financial Aid. For students who are not receiving Financial Aid, initialing this section is confirmation that you are self-pay and have no plan to utilize financial aid during this term and/or related to the course(s) listed above.

_____ I am aware of the financial obligations associated with withdrawing from any course(s) listed above.

Dual Enrolled Students Only Dual Enrolled Students Only Dual Enrolled Students Only

_____ I have discussed this request to withdraw from one or more classes with my high school counselor and with my dual enrollment coordinator at ATC. **Name of ATC Dual Enrollment Coordinator** _____

Final Step: Provide Signature.

I acknowledge that I may be personally liable and responsible for the tuition and/or associated fees of the course(s). I understand that withdrawing from the course(s) may affect future financial aid and/or lengthen the time to complete my program. I am aware of support offices and resources at Athens Technical College that I may be able to access in order to achieve my academic goals.

Student's Signature _____ **Date** _____

For Financial Aid Office Use Only

Financial Aid Notes (*On Campus Only*) _____

Financial Aid Signature _____ Date _____

Email Sent from Registration and Records to Financial Aid (*Off Campus Only*) Date _____

For Registration and Records Office Use Only

ATC Staff Validation _____

Print Name and Provide Signature

Valid Photo ID presented/email address verified

Processed by _____