



# WITHDRAWAL PETITION

Backdate to:  _____
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## Instructions

1. Student must complete Student Information, Course Detail, Justification for Withdrawal, and the Statement of Understanding.
2. Instructor signature is required if the penalty free period has passed.
3. Department Chair's and Dean's signature of approval is required. (The Vice President's signature is required once the penalty free period has passed.)
4. Deliver Withdrawal Petition to the LIT Student Success Office.
5. The Student Success Office will forward the Withdrawal Petition to the Records Office.
6. The Records Office will complete the withdrawal process.

## Student Information

Student Name	T Number	Date
Address	Phone Number	Major
City, State, Zip	Semester	

## Course Detail

CRN	COURSE	NUMBER	SECTION	INSTRUCTOR

Justification for Withdrawal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Statement of Understanding

I understand that when I withdraw I will not be enrolled for the specified term. I also understand that my withdrawal may impact my financial aid, VISA status, military benefits, scholarships, etc. It is solely my responsibility to check with the appropriate individuals for information on how benefits are affected by this action.

I understand that this withdrawal is not effective until the date that this Withdrawal Petition is processed by the Records Office. That date may be different than the date the Withdrawal Petition was signed by the student.

Student Signature	Date
Department Chair or Dean of Instruction Signature	Date
Vice President for Instruction Signature (if requesting backdate or past last drop)	Date
Scanned and Emailed by: (PRINT)	Phone Number      Date
Processed by: (PRINT)	Date

Deliver Original Copy to Registrar Office; make a copy for your office records and one for the student.