Southern New Hampshire University

Course Withdrawal – School of Professional & Continuing Education

To officially withdraw from a course the student **must** complete this form and return it to the SPCE Office. ***All refunds are based on the date the withdrawal form is received in the SPCE Office. Once a course is in progress, a student does not withdraw simply by not attending class. Students who do not attend class and who do not formally withdraw from the class will be charged the full amount of tuition for that class. The course grade for a withdrawal will be "W" (Withdrawn). This grade will not be used in computing grade point averages, but will remain permanently on the transcript. The student may officially withdraw from a course up to the fourth week in an 8-week course or the eighth week in a 16-week course. During the last half of a course the right to withdraw is not automatic, but is at the discretion of the instructor. **No withdrawal is permitted during the last week of a course.**

Tuition Refund Computations				
$25 drop fee is applicable to drops 7 days prior term start				
Time of Withdrawal	**Night Classes**	**Weekend Classes**	**Time of Withdrawal**	
8 Week Courses ***(see CE Office for 5,6,and 12 week courses)***	% of Tuition Refunded	% of Tuition Refunded	16 Week Courses	% of Tuition Refunded
*Before first class starts	*100%	*100%	*Before first class starts	*100%
After first class starts	80%	80%	After first class starts	80%
After second class starts	50%	No Refund	After second class starts	50%
After third class starts	No Refund	No Refund	After third class starts	No Refund

Student Information: Student or instructor can fill in this section.
*****Please return this form to the SPCE Office. All refunds are based on the date the form is received by the SPCE Office.**

_____ _____ _____ _____
Last Name **M.I.** **First Name** **Student ID**

_____/_____
Course #/ Reference # **Course Title** **Instructor's Name (*please print*)**

Reason for withdrawal: _____

Are you being reimbursed under the GI bill? _____ Yes _____ No
Are you receiving financial aid? _____ Yes _____ No
Are you an employee (or family member) of Southern New Hampshire University? _____ Yes _____ No

_____ _____
Date **Student's Signature**

Instructor **ONLY** will fill in this section. "For Office Use Only"

Date of first class meeting: _____ Date of last attendance: _____

The fifth or ninth week (mid-point) of this term is: _____ Final Grade: _____W

_____ _____
Date **Instructor's Signature**

The grade on this form must agree with the student's final grade you submit at the end of the term. Return this form to the SPCE Office.

For Office Use **ONLY**

Time: _____ Date: _____ this form was received in the office.

Refund (Please check one): _____ 100% _____ 80% _____ 50% _____ No Refund
Enter into student record on the same day as received. Copy to student if requested.

_____ _____
Signature for School of Professional and Continuing Education **Date**