Updated 01/2019

Saint Louis University
Academic Records Revision
Complete Drop/Withdrawal

Form #43

Section 1
Student and Request

Student Name _____ **Student ID** _____ **Phone #** _____ **Email** _____

Semester (fall/winter/spring/summer and year) _____

Is a **Complete Drop** or **Complete Withdrawal** being requested?

☐ **Complete Drop**
Dropped courses will not appear on a student's transcript.

☐ **Complete Withdrawal**
Withdrawn courses appear on a student's transcript with a grade of "W".

This petition is for a complete drop/withdrawal; if not completely dropping/withdrawing submit the Academic Records Revision Drop/Withdraw from Course(s).

Section 2
Signature

I understand and acknowledge that:

- ✳ By completing this petition I am authorizing the Office of the University Registrar to drop/withdraw all enrolled courses for the semester identified on this petition,
- ✳ Dropping or withdrawing, even retroactively, from a course may affect the following:
  - Scholarship/Financial Aid - Students that received any scholarships or financial aid in the semester identified on this petition should consult with their Student Financial Services counselor,
  - Veteran Benefits - Students receiving VA Benefits should consult with their veteran benefit coordinator,
  - Visa Status - International students must consult with the Office of International Services concerning conditions of their student visas

Student Signature _____ **Date** _____

Form Procedures

1. Student completes sections 1.
2. Student acknowledges potential changes by signing in section 2.
3. Student submits petition to the Dean of their College/School or Director of their Center along with the Petition for Revision of Academic Record.