

# CONSORTIUM DROP/ WITHDRAWAL FORM

## Student Information:

Name (Last, First, MI) \_\_\_\_\_ GWid \_\_\_\_\_

Semester/Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Undergraduate Level:  Freshman  Sophomore  Junior  Senior

Graduate Level:  Master's  Doctoral

School \_\_\_\_\_ Major \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Consortium Institution:

- American University  Howard University  Trinity Washington University  
 Catholic University  Marymount University  UMD - College Park  
 Gallaudet University  Montgomery College  University of the District of Columbia  
 George Mason University  Northern Virginia Community College  
 Georgetown University  Prince George's Community College

## Course Information:

Subject	Course #	Section	Credit Hrs	Course Title

## Required Signatures and Date:

I hereby request to drop or withdraw from the above Consortium Registration(s). I understand that I may be financially responsible for the above course according to the established university refund schedule. I understand that I may receive a grade of "W" for this course after the last day to drop courses.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advising Office / Program Office \_\_\_\_\_ Date \_\_\_\_\_

### Dean's Office Use Only:

Drop  Withdrawal

Effective Date \_\_\_\_\_ Signature \_\_\_\_\_

**THE GEORGE  
WASHINGTON  
UNIVERSITY**

WASHINGTON, DC

## Office of the Registrar

### Colonial Central

800 21st St., NW  
Marvin Center  
Ground Floor  
Washington, DC  
20052

Phone:  
(202) 994-4900

Email:  
consortium@gwu.edu