

CONSORTIUM DROP/ WITHDRAWAL FORM

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 Attended:

- American University Georgetown University UMD - College Park
 Catholic University Howard University University of the District of Columbia
 Gallaudet University Marymount University
 George Mason University Trinity Washington University

Course Information:

Subject	Course #	Section	Credit Hrs	Course Title

Signature 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

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