CONSORTIUM DROP/ WITHDRAWAL FORM

Name <i>(Last, First, MI)</i>		GWid			-	
Semester/Year		Date of Birth			-	
Undergraduate Level: 🔲 Freshmar	n 🗌 Sophomor	re 🗌 Junior	Senior			
Graduate Level: Master's	Doctoral					
School		Major			-	
Email		Phone				
Consortium Institution	ı:					
American University	Howard Ur	niversity		Trinity Washing	gton University	
Catholic University	Marymount University		UMD - College	Park		
Gallaudet University	Montgomery College		University of th	e District of Colu	ımbia	
George Mason University	Northern V	/irginia Commu	nity College			

Prince George's Community College

Course Information:

Georgetown University

Student 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:	
Effective Date	Signature

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

Office of the Registrar

Student Services Hub

University Student Center

Ground Floor

Phone: (202) 994-4900

Fax:

(202) 994-0282

Email: registrar@gwu.edu