



UNIVERSITY OF CALIFORNIA, MERCED
Office of the Registrar

Course Withdrawal

5200 N. Lake Rd., Merced, CA 95343 / Phone: (209) 228-7178 / Fax: (209) 228-4694 / registrar.ucmerced.edu

Complete all information, sign your request, and return this form to your Academic Advisor. You will be notified of the decision via your UC Merced E-mail. A student may withdraw from a course for emergency reasons with the signed approval of the instructor of record, provided:

- The student was not subject to academic dismissal in the prior semester.
- Dropping the course would be to the educational benefit of the student.
- The student is not being investigated for academic dishonesty in that course.
- If the student is receiving VA benefits, they must notify the VA Certifying Official at UC Merced.

If approved, the following applies:

- A 'W' notation will be assigned and appear in place of a grade.
- There is no refund of course material fees for a class withdrawal.
- There is a \$10.00 fee per course that will be billed to your student account if your Course Withdrawal form is approved.

NOTE: If you are withdrawing from the University do NOT fill out this form. You must complete a University Cancellation/Withdrawal form.

Personal Information

☐ Undergraduate ☐ Graduate

UCM ID Number

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Last Name _____ First Name _____ M.I. _____

Address _____ State _____ City _____ Zip _____

UC Merced E-mail _____ Phone Number _____

Course Information

☐ Fall (year): _____ ☐ Spring (year): _____

Reason for withdrawal:

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I certify that I am the above-named person, the information I have provided is accurate, and I have read, understand, and accept the instructions and policies regarding my course withdrawal. I understand that I am responsible for checking my student account and paying any charges that may result from this action.

Student _____ Date _____

Instructors: This is a request to drop your course. If the student has an extenuating circumstance, satisfies the criteria listed above and you support their request, please provide your signature in all areas below

CRN	Subject	Course	Sec	Units	Course Title	Instructor Signature	Date

Signatures

Dean or School Designee: _____ Date _____

Office Use Only

Updated on: 02/03/2020

Processed by: _____ Date: _____

Note: If student is submitting this form along with a petition, the Dean's signature will be granted upon petition approval.

Print Form