

Completed by student

01)

Subject, Crse #

& Sec. (ENGL-1000-

Name

1.

Term

& year

Office of the Registrar University Park, IL 60484 708.534.4500 Fax: 708.534.1640

Support (S)

Support (D)

or Do Not

Final exam,

paper, or

submitted

(Y, N, N/A)

project

www.govst.edu

Student ID

To Be Completed by Course Instructor

use "NA".

Students Last

participation. If

'never attended'

date of academic

REQUEST FOR LATE CLASS WITHDRAWAL SIGNATURE FORM

 Complete the student sections of this form and obtain the signatures as required (instructor and others on page 2: financial aid, veteran, international, athlete, campus housing)

Instructor Signature*

 Go to <u>www.govst.edu/withdrawing</u> and complete the Request for Late Class Withdrawal Form and upload this form no later than the last day of the semester in which the class(es) is/are scheduled.

2.							
3.							
4.							
6.							
7.							
8.							
			*signa	ture from Division Chai	ir is acceptable if instru	ctor is not availabl	le
Ins	structor 1 structor 2 structor 3 structor 4						
	Instructor 5						
	structor 6						
Ins	structor 7						· · · · · · · · · · · · · · · · · · ·
Instructor 8							



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If a student meets any of the following criteria, they must submit this form with the Request for Late Course Withdrawal Form confirming they have consulted with the relevant offices regarding the impact of the course withdrawal. If a student is unable to meet with an office in person, please contact the office directly for accommodations.

Note: This form and any supporting documentation must be uploaded to the Request for Late Course Withdrawal Form **NO LATER THAN THE LAST DAY** of the <u>current semester</u> in which the class(es) is/are scheduled.

FINANCIAL AID OFFICE Students receiving financial assistance MUST contact the Financial Aid office prior to dropping a course or withdrawing from the University to determine the effect on the student's financial aid award for the semester. Campus Location: D1413; Email: faid@govst.edu; Phone: 708.534.4480						
Representative of Financial Aid Office (please print name):	Date:					
Signature:						
INTERNATIONAL STUDENT SERVICES International students with an F1 or J1 visa whose course drop or withdrawal will result in less than ful advising from the Office of International Services. Campus Location: GMT Building, Room 168; Email: ois@govst.edu; Phone: 708.235.7611	l-time enrollment must obtain					
Representative of Office of International Services (please print name):	Date:					
Signature:						
Students receiving Veterans Benefits MUST contact the Veterans Resource Center. Campus Location: GMT Building, Room 160; Email: veterans@govst.edu; Phone: 708.235.2223 Representative of the Veterans Resource Center (please print name): Signature:	Date:					
STUDENT ATHLETE Student athletes who drop below full-time must obtain advising from the Athletics Director or Coach. Campus Location: A-2108; Email: abates99@govst.edu; Phone: 708.235.7431						
Representative of Athletics: (please print name):	Date:					
Signature:						
UNIVERSITY HOUSING To live in on-campus housing students must be enrolled in at least 6 credits in the semester or 3 credi Office of Auxiliary Services and University Housing. Campus Location: C-1330; Email: housing@govs						
Representative of University Housing: (please print name):	Date:					
Signature:						