SKIDMORE COLLEGE
SUMMER SESSIONS
APPLICATION TO WITHDRAW WITHOUT GRADE PENALTY

Name: ___________________________ ID: ___________________________
(Please print legibly. This form will become part of your permanent record.)

Date: ___________________________

Class Year: ________ Session 1: ________ Session 2: ________ Session 3: ________

Prior to the last week of class, students may request withdrawal without grade penalty from a course with the approval of the instructor and the Director of Summer Sessions. Skidmore students may accumulate a maximum of two W's per academic career. A grade of "W" will appear as part of the transcript but will not be figured in the grade point average. Students receiving a grade of "W" are considered financially liable for that course, and the total number of registered credits for the summer term is not decreased. Students' requesting a withdrawal should not stop attending class until official action has been taken. Exceptions to the two W rule are reviewed on a case-by-case basis by the Committee on Academic Standing and are granted only for extraordinary circumstances beyond the control of the student, e.g. severe medical problems. Documentation is required for such petitions.

COURSE INFORMATION

This is my: ________1st ________2nd ________W since entering Skidmore.
(please check)

Course #: ________ CRN#: ________ Title: ___________________________

Last date of attendance: ___________________________

Reason for request to withdraw: ___________________________

_____________________________________________________________________

APPROVALS

Signature of Instructor: ___________________________ Date: ________

Signature of Director of Summer Sessions: ___________________________ Date: ________

I understand that the course from which I am withdrawing will appear on my grade report with a "W" and that this withdrawal may make me ineligible for state aid (TAP).

Signature of Student Financial Aid representative (when applicable) ___________________________

HEOP/AOP Representative (when applicable) ___________________________

Signature of Student: ___________________________ Date: ________

Skidmore students must submit this form to the Office of the Registrar; students not attending Skidmore must submit this form to the Office of the Dean of Special Programs. All relevant signatures are required.

Action of CAS: ________ Approved ________ Rejected Date: ________ Initials: ________