SKIDMORE COLLEGE SUMMER SESSIONS

APPLICATION TO WITHDRAW/FAILING

| Name: | ID: | |
|---------------------------------|---|--------------------------|
| (Please print legibly. This for | rm will become part of your perm | anent record.) |
| Date: | | |
| Class Year: Sessi | ion 1: Session 2: | Session 3: |
| on a withdrawn failing basis | wal deadline, a student may only s. Any course from which a stude port with a grade of WF, which is . | nt has withdrawn failing |
| COURSE FROM WHICH STUI | DENT WISHES TO WITHDRAW FA | ILING |
| Course Number: | _ | CRN #: |
| Course Title: | | Credits: |
| Signature of the Instructor: | | |
| Date: | | |
| Signature of Director of Sun | nmer Academics: | Date: |

This form must be submitted on or before the last day of classes.

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, located in Pine Cottage (954 North Broadway).

Any course for which a student has not filed a withdrawal form will appear on the grade report with the grade reported by the instructor, or, if no grade is reported, with an F.