

Record Number: 

### Columbia College Course Drop / Course Withdrawal

In Person On Phone 

| Dropping a Course  | Withdrawing from a Course   |
|--|---|
| <ul style="list-style-type: none"> <li>- You can drop a course within 5 school operating days from the start of the semester or before the third scheduled class whichever is greater; after this time, you must withdraw from a course.</li> <li>- Student who drops a course will not be given a grade on their transcript.</li> </ul> | <ul style="list-style-type: none"> <li>- Less than 50% of the semester has been completed, will be given a final grade of "WD" for the course. This "WD" will appear on the student's transcript, but not be calculated towards their Grade Point Average (GPA).</li> <li>- Greater than or equal to 50% of the semester has been completed, will receive a final grade of "WF" (Withdrawal Fail) on their official student record and credit will not be awarded for the course. A "WF" represents that the student withdrew in the latter half of the course, and did not obtain all the requirements needed to complete the course successfully.</li> <li>- For Professional Program students, a WF on a student's transcript will impact the overall GPA. If a student repeats the course and obtains a passing grade, the original WF will remain on the transcript, but will be removed from the GPA calculations.</li> </ul> |

| Student Information                             |                               |                                    |                                     |                          |
|---|-------------------------------|------------------------------------|-------------------------------------|--------------------------|
| Student Name                                    | Last                          | First                              | Middle Initial                      |                          |
| Student ID#                                     | Phone #:                      |                                    |                                     |                          |
| Mailing Address                                 |                               |                                    |                                     |                          |
| City  | Province                      | Postal Code                        |                                     |                          |
| Student Program Information                     |                               |                                    |                                     |                          |
| <input type="checkbox"/>                        | Student Requested Course Drop | <input type="checkbox"/>           | Student Requested Course Withdrawal | <input type="checkbox"/> |
|   |                               | Recommended Course Drop/Withdrawal |                                     |                          |
| Name of course you want to drop / withdraw from |                               |                                    |                                     |                          |
| Reason for Course Drop / Withdrawal             |                               |                                    |                                     |                          |

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| <p>This information is collected under the authority of and in response to the <i>Freedom of Information and Protection of Privacy Act</i>. It is required to respond to the request. If you have any questions about the collection or use of this information, please forward your disclosure request to the Corporate Privacy Office in the Registrar's Office at 802 Manning Road NE, Calgary, AB, T2E 7N8 or fax to (403) 272-3805. The name of staff member and staff signature is the staff member who is recommending the withdrawal (if it is a recommendation), or if the withdrawal form was done through a phone discussion with the student.</p> |       |
| Student's Signature<br>(if applicable)  | Date: |
| Name of Staff Member<br>(Please Print)  |       |
| Staff Signature   | Date: |

**For Office Use Only**

**Comments:**

**Signatures of Approval**

Program Chair or Designate

Date:

Student Services Manager  
or Designate

Date:

**Registrar's Office Use Only**

Registrar's Office Signature

Date Received

Date Processed

Comments from the Registrar's Office:

**To be completed by the Office of the Registrar**  
Withdrawal Date: