

Course Withdrawal Form

A Department of the Division of Continuing Education

INSTRUCTIONS: Complete and review sections 1–3. Please e-mail ispo@byu.edu or call (866) 741-9144 for questions about this form.

1 Customer Information

BYU Customer Number (Required)	Today's Date:	PO Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization Name		
<input type="text"/>		

2 Withdrawal Information

Student Number 1

 Withdraw student from all courses he/she is currently enrolled in (**Birthdate is Required when this is selected**):

Last Name	First Name	Birthdate
<input type="text"/>	<input type="text"/>	<input type="text"/>
Course Name and Number	Course Name and Number	
<input type="text"/>	<input type="text"/>	
Course Name and Number	Course Name and Number	
<input type="text"/>	<input type="text"/>	

Student Number 2

 Withdraw student from all courses he/she is currently enrolled in (**Birthdate is Required when this is selected**):

Last Name	First Name	Birthdate	Net ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course Name and Number	Course Name and Number		
<input type="text"/>	<input type="text"/>		
Course Name and Number	Course Name and Number		
<input type="text"/>	<input type="text"/>		

Student Number 3

 Withdraw student from all courses he/she is currently enrolled in (**Birthdate is Required when this is selected**):

Last Name	First Name	Birthdate	Net ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course Name and Number	Course Name and Number		
<input type="text"/>	<input type="text"/>		
Course Name and Number	Course Name and Number		
<input type="text"/>	<input type="text"/>		

3 Withdrawal Authorization

I have read and understand this entire document. I understand that I am withdrawing the above student(s) from a course or courses and that fees may apply. By typing my name in the box below, I am certifying that I am authorized to withdraw this student or these students from the courses listed above. Additionally, as an agent of my organization, I authorize Brigham Young University to charge the associated withdrawal fees as noted below. BYU Independent Study can not process a withdrawal without a signature. If I choose not to submit by e-mail, I may print this form, sign it and fax to (801) 812-8208. By signing this form, I also agree to the terms and conditions found at ce.byu.edu/financial/termsAndConditions.php

Tuition Refund Policy:
0-3 Calendar Days - 100% refund less Optional Printed Material fees
4-90 Calendar Days - 100% refund less \$20 per credit (.5 credit courses round up to one credit)
91 + Calendar Days -No tuition refund

Please Note: There is NO refund on the Optional Printed Materials

Authorized Signer:	Today's Date:
<input type="text"/>	<input type="text"/>

**Reason(s) for
Withdrawal:**