



PRESBYTERIAN COLLEGE
SCHOOL of PHARMACY

WITHDRAWAL FORM

PC ID#: _____

Name: _____
Last First Middle

E-mail Address: _____ Local Phone #: _____

The student named above is authorized to withdraw/drop the following courses subject to the signed approval of the Assistant/Associate Dean for Academic Affairs. *(Withdrawal if the semester has started; drop for a future semester if already registered)*

<u>(CRN)</u>	<u>Subject</u>	<u>Course Number</u>	<u>Section Number</u>	<u>Semester/Term</u>	<u>Grade Assigned</u>
	PHRM				
	PHRM				
	PHRM				
	PHRM				
	PHRM				
	PHRM				
	PHRM				
	PHRM				
	PHRM				
	PHRM				

Effective Date of Withdrawal: _____

Expected Date of Return: _____

Signature/Approval of Associate Dean for Academic Affairs

Date: _____

Distribution:

Main Campus:

- Provost (Erin McAdams)
- Registrar's Office (Vicky Wilson/Ellen Armstrong)
- Financial Aid (April Baur/Tiara Jones)
- Student Accounts (Paula James)
- Business Office Controller (Libby Shull)
- Campus Police (Jenny Bogan)
- IT/Brightspace (Rob Howler)

PC School of Pharmacy:

- Dean's Office (Giuseppe Gumina/Lynn Thompson)
- Office of Academic Affairs (Serge Afeli)
- Office of Student Affairs (Scott Kincaid)
- Office of Experiential Education (Trey Wingerson, Susi Carbonneau)
- Student's Advisor
- Course Instructors *(as applicable)*
- SC Board of Pharmacy *(by separate notification if complete withdrawal)*