## Office of the Registrar

## University of Bridgeport

## Student Withdrawal Form

## PLEASE RETURN THIS COMPLETED FORM TO: <a href="mailto:registrarrequest@bridgeport.edu">registrarrequest@bridgeport.edu</a>

Date:	Semester Taken (Fall, Spring, Full-Ye	ear):
UB ID (found on DualEnroll):	<u>:</u>	
Last Name	First Name	Middle Initial
High School:		
UB Course Name (ex. ENGL)	:UB Course I	Number (ex. 101)
Student's Grade at Time of V	Vithdrawal:	
Before submitting this form,	please read the following:	
	allows a student to withdraw from a year of the registered course.	UB CUE course. This form can only be used
student's grade acco	•	hdrawal form, the instructor will calculate the ed to all students in the course. This may result
• The W (Withdrawal) designation is listed under non-calculable grades on the UB transcript key and will <b>not</b> affect a student's grade point average.		
• If Withdrawing from a Fall-Only course, this form must be submitted by <b>October 31<sup>st</sup>, 2025.</b>		
• If Withdrawing from a Full-Year or Spring-Only course, this form must be submitted by <b>March 13<sup>th</sup>, 2026.</b>		
<ul> <li>Students seeking a withdrawal are still fiscally responsible for all fees related to their UB CUE courses, regardless of their grade. All fees already paid are non-refundable.</li> </ul>		
I have read and understand	the above information.	
Student Signature:		
Parent/Guardian Signature: _		

Course Instructor Signature: \_\_\_\_\_