

COVID-19 Withdrawal for Spring 2020 Semester

You may submit this form to request to be withdrawn from course(s) due to the coronavirus pandemic National Emergency.

Student Name: _____

Cougar ID: _____

Preferred Contact Number: _____

Please indicate if you have spoken with an Academic Advisor regarding this request (this is suggested, but not required for your request to be processed).

Yes _____ No _____

List Course Name(s) and Number(s) for which the withdrawal is being requested (please print clearly):

_____	_____
_____	_____
_____	_____

Personal Statement – please indicate the reason for your withdrawal request:

Please provide a brief (1-2 sentence) statement explaining why you are requesting to be withdrawn from the courses listed above (tell us how you have been impacted by courses being changed from in person to online):

Submit this completed form by email to tarawforms@csc.edu or send it via US mail to the Columbus Campus address listed on the top of this form. If you have questions, contact us at 614-287-5353.

Certification

By listing my name below, I certify that all the information reported is complete and correct. I also confirm that the named person listed below executed this document in its entirety.

Student Signature (Required)

Date