

Course Withdrawal 2024/2025 Post-Baccalaureate Pre-Health Program

The University of New England | Office of the Registrar 11 Hills Beach Road (Decary Hall, 114) Biddeford, ME 04005 Phone: (207) 602-2473 | Fax: (207) 602-5927 | Registrar@une.edu

COURSE WITHDRAWAL - POST-BACCALAUREATE PRE-HEALTH PROGRAM

- Students who wish to withdraw from a course must complete and sign the course withdrawal form. The completed and signed for must be submitted to the Registrar's Office prior to the last day to withdraw.
 - o If students withdraw from a corresponding lecture and lab chemistry course, a separate form is needed for each withdrawal.
- Late Withdrawal: Requests to withdraw from a course after the withdrawal period will only be considered in extreme circumstances.
 - To request a late withdrawal, a student must consult with their Student Support Specialist and submit a completed Academic
 Petition stating the extenuating circumstances and a letter of support for consideration.
 - Late withdrawal petitions must be submitted to the Registrar's Office by the last day of the class.
- VA Education Benefit Recipients: The decision to withdraw from a class could impact your eligibility and/or qualify for Veteran's benefits. Please check with the appropriate VA compliance officers to ensure you maintain your eligibility.

STUDENT INFORMATION					
First Name:		Last Name:		PRN: 910	
UNE Email: Do you receive Veteran's Benefits?					
COURSE WITHDRAWAL DATES					
Summer 2024		Fall 2024		Spring 2025	
Start Date	Last Day to Withdraw	Start Date	Last Day to Withdraw	Start Date	Last Day to Withdraw
July 3, 2024	July 25, 2024	September 4, 2024	October 1, 2024	January 15, 2025	February 11, 2025
	•	October 30, 2024	November 26, 2024	March 12, 2025	April 8, 2025
				May 19, 2025	June 12, 2025
				May 19, 2025	July 7, 2025
SECTION I: COURSE WITHDRAWAL INFORMATION					
Please enter the course information below:					
Flease enter the course information below.					
Course Reference Number (CRN):		Subject and Course: (ex: 5024)		(ex: BIOL 1010)	
Titlo:			Instructor Name:		
Title: Instructor Name: (ex: Medical Biology I with laboratory)					
Please note: The Registrar's Office will not complete the withdrawal if the form is incomplete.					
SECTION II: STUDENT APPROVAL (Font signature NOT accepted)					
Student Signature:	i	Today's Date:			