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Student ID Number

Last Name (Please print clearly)

First

Middle

Term: ☐ Fall ☐ Spring ☐ Summer

Year:

Level: ☐ Undergraduate ☐ Graduate

NOTE: Failure to attend class is not sufficient notice to the University of a withdrawal. It will not qualify for a refund and may result in a punitive grade of 'VF'.  
**\*\*\*Dropping a class may impact your Financial Aid/Scholarship status. Please check with the Office of Financial Services, 513-745-3142, Schott Hall. \*\*\***

Action: (check one)	CRN: (Required)	Course Subject	Course Number	Section Number	Enter 'AU' To Audit	Credit Hours	Office Use Only
<input type="checkbox"/> Add <input type="checkbox"/> Drop/Withdrawal							
<input type="checkbox"/> Add <input type="checkbox"/> Drop/Withdrawal							
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Student's Signature

Current Phone Number

Date

Instructor's Signature (as needed)

Date

Advisor's Signature (Recommended for Undergraduates)

Date

Signature of Student's Asst. Dean (Required after deadlines)

Date

**Dean/Office Use Only—Amount of Refund**

100% 80 60 40 20 No Refund Not Applicable

Office of the Registrar Authorization:

(Rev. 7/11/25)

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