

STUDENT INFORMATION

Course Withdrawal 2023/2024 Science Prerequisites for Health Professions

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 | UNERegistrar@une.edu

COURSE WITHDRAWAL - SCIENCE PREREQUISITES FOR HEALTH PROFESSIONS

- Students who wish to withdraw from a course must complete and sign the course withdrawal form and submit the completed form to the Registrar's Office prior to the last day to withdraw.
- If students are withdrawing from a corresponding lecture and lab chemistry course, a separate form is needed for each withdrawal.
- 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 make certain you maintain your eligibility. As well withdrawing from a course can result in debt to both the school and the VA.

First Name:		Last Name:		_ PRN: 910	
UNE Email: Do you receive Veteran's Benefits? ☐ Yes ☐ No					
COURSE WITHDRAWAL DATES					
Summer:		Fall:		Spring:	
Start Date	Last Day to Withdraw	Start Date	Last Day to Withdraw	Start Date	Last Day to Withdraw
June 7, 2023	August 1, 2023	September 6, 2023	October 31, 2023	NA	NA
June 21, 2023	August 15, 2023	September 20, 2023	November 14, 2023	January 17, 2024	March 12, 2024
July 5, 2023	August 29, 2023	October 4, 2023	November 28, 2023	February 7, 2024	April 2, 2024
July 19, 2023	September 12, 2023	October 18, 2023	December 12, 2023	February 21, 2024	April 16, 2024
August 2, 2023	September 26, 2023	November 1, 2023	December 26, 2023	March 6, 2024	April 30, 2024
August 16, 2023	October 10, 2023	November 15, 2023	January 9, 2024	March 20, 2024	May 14, 2024
NA	NA	December 6, 2023	January 30, 2024	April 3, 2024	May 28, 2024
NA	NA	December 20, 2023	February 13, 2024	April 17, 2024	June 11, 2024
NA	NA	NA	NA	May 1, 2024	June 25, 2024
NA	NA	NA	NA	May 15, 2024	July 9, 2024
COURSE WITHDRAWAL INFORMATION Please enter the course information below: Course Reference Number (CRN): Subject and Course:					
	(e	ex: 5024)		(ex: BIOL 1010)	
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. STUDENT APPROVAL (Font signature NOT accepted)					
Student Signature Signature: Date:					