Teacher Education University
Office of the Registrar
1079 W. Morse Blvd., Suite B
Winter Park, FL 32789
800-523-1578
Fax: 800-370-2600
www.TEU.edu

Teacher Education University
Course Withdrawal Form

This form is intended for students wishing to withdraw from a course at Teacher Education University and must be completed and submitted to the Office of the Registrar to officially withdraw from a course.

Please Print

Name: _____
Last First Middle

Mailing Address: _____
Street Apt. #

_____
City State Zip

Phone Number: _____ Email Address: _____

Program of Study (Circle One):
Education Educational Leadership Elementary Education Educational Technology Non-degree

I am withdrawing from the following course(s):

_____ _____ _____

REASON FOR COURSE WITHDRAWAL: (Please check all that apply)

__Need time off to work
__Financial hardship
__Course too difficult
__Did not receive Scholarship
__Personal reasons
__Medical reasons
__Not enough academic support
__Difficulty with Online delivery
__Course(s) not challenging
__Other _____

Additional Comments or reason(s) for withdrawal (attach additional comments to this sheet):

_____

_____

_____

Last date of submitting a completed assignment vor date withdrawal process was initiated _____
Month Day Year

I understand that I must satisfy all outstanding financial obligations and that until the Registrar's Office has been notified of such clearances, I cannot receive transcripts upon request.

Student Signature: _____ Date: _____

University Administrator Signature: _____ Date: _____