

## 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 | Registrar@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. The completed for must be submitted to the Registrar's Office prior to the last day to withdraw. Late or incomplete forms will not be accepted.
- 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.

STUDENT INFORMATION					
First Name:		_ Last Name:		_ PRN: 910	
UNE Email: Do you receive Veteran's Benefits? $\square$ Yes $\square$ 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 5, 2024	August 13, 2024	September 4, 2024	November 12, 2024	January 15, 2025	March 25, 2025
June 19, 2024	August 27, 2024	September 18, 2024	November 26, 2024	February 5, 2025	April 15, 2025
July 3, 2024	September 10, 2024	October 2, 2024	December 10, 2024	February 19, 2025	April 29, 2025
July 17, 2024	September 24, 2024	October 16, 2024	December 24, 2024	March 5, 2025	May 13, 2025
August 7, 2024	October 15, 2024	November 6, 2024	January 14, 2025	March 19, 2025	May 27, 2025
August 21, 2024	October 29, 2024	November 20, 2024	January 28, 2025	April 2, 2025	June 10, 2025
		December 4, 2024	February 11, 2025	April 16, 2025	June 24, 2025
		December 18, 2024	February 25, 2025	May 7, 2025	July 15, 2025
				May 21, 2025	July 29, 2025
SECTION I: COURSE WITHDRAWAL INFORMATION  Please enter the course information below:					
Course Reference Number (CRN):(ex: 5024)			ubject and Course:	(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.					
SECTION II: STUDENT APPROVAL (Font signature NOT accepted)					
Student Signature: Today's Date:					