

## **Course Withdrawal 2019/2020**Science Prerequisites for Health Professions

Student Information:				
PRN (Personal Reference N	umber):			
Name:				
UNE E-mail Address:				
Do you	receive Veteran's benefits?	☐ Yes	□No	
	ass could impact your eligibility and/ to make certain you maintain you			
Enter the course information be	elow, obtain all signatures and the low, obtain all signatures and the process		mpleted form to the Registr	ar's Office.
CRN	SUBJECT, COURSE, SECTION, and	TITLE (EXAMPLE: B	IOL 1010 Medical Biology I wi	th laboratory)
***If you are withdrawing	ng from a corresponding lecture	and lab, you will n	eed a separate form for bot	h***

Summer:		Fall:		Spring:	
Start Date:	Last Day to Withdraw	Start Date:	Last Day to Withdraw	Start Date:	Last Day to Withdraw:
June 5, 2019	July 31, 2019	September 4, 2019	October 30,2019	NA	NA
June 19, 2019	August 14, 2019	September 18, 2019	November 13, 2019	January 15, 2020	March 11, 2020
July 3, 2019	August 28, 2019	October 2, 2019	November 27, 2019	February 5, 2020	April 1, 2020
July 17, 2019	September 11, 2019	October 16, 2019	December 11, 2019	February 19, 2020	April 15, 2020
August 7, 2019	October 2, 2019	November 6, 2019	January 1, 2020	March 4, 2020	April 29, 2020
August 21, 2019	October 16, 2019	November 20, 2019	January 15, 2020	March 18, 2020	May 13, 2020
NA	NA	December 4, 2019	January 29, 2020	April 1, 2020	May 27, 2020
NA	NA	December 18, 2019	February 12, 2020	April 15, 2020	June 10, 2020
NA	NA	NA	NA	May 6, 2020	July 1, 2020
NA	NA	NA	NA	May 20, 2020	July 15, 2020

Student's Signature

**Instructor Name:** 

**Date** 

Phone: (207) 221-4200 Fax: (207) 221-4898