

## Course Withdrawal 2020/2021 Science Prerequisites for Health Professions

Student Information:				
PRN (Personal Reference Number):				_
Name:				_
UNE E-mail Address:				_
Do you receive Vetera	n's benefits?	☐ Yes	□No	
VA Education Benefits Recipients The decision to withdraw from a class could impact appropriate VA compliance officers to make certain a debt to both the school and the VA.	, ,			
Course Information: Enter the course information below, obtain all a All of this information is required and can	-		mpleted form to the Regi	strar's Office.
CRN SUBJECT, COUR	SE, SECTION, and	TITLE (EXAMPLE: B	IOL 1010 Medical Biology I	with laboratory)
***If you are withdrawing from a corres	sponding lecture	and lab, you will n	eed a separate form for b	oth***

Summer:		Fall:		Spring:	
Start Date:	Last Day to Withdraw	Start Date:	Last Day to Withdraw	Start Date:	Last Day to Withdraw:
June 3, 2020	July 29, 2020	September 2, 2020	October 28, 2020	NA	NA
June 17, 2020	August 12, 2020	September 16, 2020	November 11, 2020	January 20, 2021	March 17, 2021
July 1, 2020	August 26, 2020	October 7, 2020	December 2, 2020	February 3, 2021	March 31, 2021
July 15, 2020	September 9, 2020	October 21, 2020	December 16, 2020	February 17, 2021	April 14, 2021
August 5, 2020	September 30, 2020	November 4, 2020	December 30, 2020	March 3, 2021	April 28, 2021
August 19, 2020	October 14, 2020	November 18, 2020	January 13, 2021	March 17, 2021	May 12, 2021
NA	NA	December 2, 2020	January 27, 2021	April 7, 2021	June 2, 2021
NA	NA	December 16, 2020	February 10, 2021	April 21, 2021	June 16, 2021
NA	NA	NA	NA	May 5, 2021	June 30, 2021
NA	NA	NA	NA	May 19, 2021	July 14, 2021

Student's Signature

**Instructor Name:** 

**Date** 

REGISTRAR'S OFFICE

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