

COURSE WITHDRAWAL FORM

Student ID#_____
Last Name_____
First Name_____
Email(_____)_____
Phone

Term: FALL 20_____

SPRING 20_____

SUMMER 20_____

What is your reason for withdrawing?

____ Time conflict ____ Failing course ____ Other

(If other, please explain)

I am requesting to be withdrawn from the course(s) listed below. I understand that this decision is subject to all regulations regarding withdrawal, financial aid and refunds.

COURSE NAME & NUMBER	CRN	COURSE NAME & NUMBER	CRN
EX: Math 130	12345		

Student Signature_____
Date

The following department signatures are required for processing.

Instructor: _____ Date: _____

Advisor: _____ Date: _____

Financial Aid: _____ Date: _____

Registrar's Office: _____ Date: _____

For Official Only

Rec'd by: _____

Date: _____

*****RETURN THIS FORM TO THE REGISTRAR'S OFFICE FOR PROCESSING****