COURSE WITHDRAWAL

If you checked yes ab	ove, <u>you are required</u>	ete, or receiving veteran be to be full-time, enrolled in at hdrawal results in your enrol	least 12 hours. You must notify
Student's Last Name	First	Middle	ID Number
I want to withdraw from the fo	ollowing course:		
Dept. Course Sec Code Number (if ar		rse Title	Semester Year
Instructor's Signature		Date	
Advisor's Signature		 Date	
Registrar will request from the ir a WP or WF will be entered on y	nstructor a grade for the wo your record. If the complete	rk completed or due as of the effec	omitted to the Office of the Registrar. The ctive date of withdrawal, and on this basis ce of the Registrar by the end of the er.
Date Submitted to the	Registrar's Office		Received by