

COURSE WITHDRAWAL

Student's Last Name First Middle ID Number

I want to withdraw from the following course:

_____, 20____
Dept. Course Section Course Title Term Year
Code Number (if any)

Instructor's Signature Date

Advisor's Signature Date

Your withdrawal from the above course is effective on the date this form is completed and submitted to the Office of the Registrar. The Registrar will request from the instructor a grade for the work completed or due as of the effective date of withdrawal, and on this basis a WP or WF will be entered on your record. If the completed form is not submitted to the Office of the Registrar by the end of the withdrawal period, you will receive a regular passing or failing grade at the end of the semester.

Date Submitted to the Registrar's Office Received by

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