



Course Withdrawal Form

Office of the University Registrar

Last Name: _____ **First Name:** _____

Student ID #: _____ **Term:** FL SP SM

Course Title and #: _____ **Section #:** _____

Instructor: _____

Reason for Withdrawal:

You are requesting a withdrawal from the course above for the following reason(s):

Advisor's Signature

Date

Student's Signature

Date

Note: Refund Policy can be found in the current catalog. (Graduate or Undergraduate)

Date Received in Registrar's Office

Date Processed by Registrar's Office