



COURSE WITHDRAWAL FORM

This form must contain all required signatures before it will be accepted by the Registrar's Office.

Please check the Academic Calendar for the last day to withdraw without academic penalty.

STUDENT:

Name: _____ Signature: _____

Status: FYS / SO / JR / SR / CE ID#: _____

_____	_____	____/____/____
Course # and Sect.	Course Title	Date

_____/____/____
Advisor Signature Date

_____/____/____
Registrar Signature Date

Office Use Only
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