Course Withdrawal Form
**For Graduate students and Special not working for a degree students**

To be filled by Student

Student ID: ___________________ Email: ___________________

Student Name: ___________________ Phone Number: ______________

Course(s) you wish to withdraw from:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course Number</th>
<th>Section</th>
<th>Department Signature</th>
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* The request is processed *only* if a copy of your schedule is provided

Comments:


Student’s Consent

Student’s Signature: ___________________ Date: ______________

Advisor’s Approval

Advisor’s Name: ___________________

Advisor’s Signature: ___________________ Date: ______________

Registrar’s Office (Official Use ONLY)

Received By: ___________________ Date: ______________

Implemented By: ___________________ Date: ______________