



## 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:

CRN	Course Number	Section	Department Signature

\* 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: \_\_\_\_\_