



Course Withdrawal Form

“Consult with your advisor before submitting the request”

A. Student Section:

Name: _____

ID number: _____

Email: _____

Phone Number: _____

Course(s) you wish to withdraw from:

Code	Title	Semester	Date & Time	Instructor	Campus

Reasons for withdrawal:

Student's signature: _____

Date: _____

Advisor's Name and Signature: _____

B. Registrar's office (Please do not write below this section):

Implemented by: _____

Date: _____

Signature: _____

Withdrawal deadline:

- Fall : _____
- Spring : _____
- Summer : _____