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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Semester</th>
<th>Date &amp; Time</th>
<th>Instructor</th>
<th>Campus</th>
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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: ___________________________