

Request for Withdrawal

Quarter of Enrollment (Quarter / Year)

NetID

Last Name

First Name

Middle Initial

Address

City

State

Zip

Home Telephone

Work Telephone

E-mail

Statement of Withdrawal

| Dept. | Course No. | Section | Course Title |
|-------|------------|---------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Reason for Request for Withdrawal

Student Signature

Date

Office Use Only

Approved Not Approved _____ Date: _____ Initials: _____
(Reason)