



COURSE WITHDRAWAL FORM

The Course Withdrawal FRUP PXVW EH FRPSOHWHG VLJQHG DQG OFFICE OF LWWHC processing in order to be officially withdrawn from a course in accordance with the dates stated on Academic Calendar for that term.

Student Name (PLEASE PRINT) _____
First Middle Last

UPIKE ID # _____ Telephone _____

E-Mail Address _____

Term/Year _____ Course to be withdrawn from:

Department	Number	Section	Course Title

Reason for Withdrawal (CHECK ALL THAT APPLY)

- Behind in Course Work
- Course Too Difficult
- Faculty Recommendation
- Excessive Absences
- Other _____
- Personal Reasons
- Change in Major
- Changed Mind
- Financial Difficulties