

WITHDRAWAL FROM COURSE FORM

(after tenth day of the term-fall and spring semesters)
(after fifth day of the term-summer semester)

Effective Date of Withdrawal _____ Term _____

Student Name _____ Student ID Number _____

Program _____

Dept. Abbrev.	Course No.	Course Section	Course Title	Cr. Hrs.

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Program Director _____ Date _____

Note: Students not eligible for refund of tuition and fees after the 10th day of the semester for fall/spring and 5th day of the semester for summer.

For office use only: _____