

WITHDRAWAL REQUEST FORM

This withdrawal form must be completed by the student before withdrawal is accepted:

Student Name ----- Student ID# -----

Department ----- Level -----

Academic year ----- Semester -----

Date -----

Withdrawal from:

- Semester
 Course

If course, state which courses in the table below:

Course title	Course number

Withdrawal request reasons:

Academic advisor approval:

- Agree
 Disagree

Causes of disagree -----

Student decision:

- Student changed her mind.
 Against advisor disagreement student wishes to withdraw.

Student name: Advisor name: Department chair name:

Student signature: Advisor signature: Department chair signature:

CC: *Academic Vice Dean
*Student File