

Course Withdrawal

Student's Name _____

Semester _____

Course No.	Title	Professor

Reason: _____

This withdrawal will change my academic load for the semester from _____ to _____ credits.

(Students must remain enrolled in a minimum of 12 credits.)

Student's Signature: _____

Professor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Registrar Approval: _____ Date received: _____