

FACULTY-INITIATED WITHDRAWAL

TO: Office of the Registrar

Check Semester ☐ Fall ☐ Spring ☐ Summer 20__

Student's Name _____ Student ID Number _____
(Please Print)

Course ID	Sec#	Method/ Location	Course Title
_____	_____	_____	_____
Course ID	Sec#	Method/ Location	Course Title
_____	_____	_____	_____
Course ID	Sec#	Method/ Location	Course Title
_____	_____	_____	_____
Course ID	Sec#	Method/ Location	Course Title
_____	_____	_____	_____
Course ID	Sec#	Method/ Location	Course Title
_____	_____	_____	_____

Please withdraw (drop*) the student named above from the course(s) indicated for the following reason:

- ☐ Student does not meet course prerequisites.
Student has not participated substantially in the course, stopped attending on
this date _____.
- ☐ Student never attended.
- ☐ Other: _____

Instructor Signature _____ Date _____

Instructor Printed Name _____ Phone/Ext. _____

Dean of Academic Affairs Signature _____ Date _____

Registration Office Signature _____ Date _____

**Course will not appear on student 's record if withdrawn during drop period.*