



Graduate School

COURSE WITHDRAWAL FORM

Term: Fall Winter Spring Summer 20_____

Name _____ ID/SSN _____
(Last) (First) (MI)

Address _____

(City) (State) (Zip)

Home Phone (____) _____ Alternate Phone (____) _____

Home E-Mail _____ School E-Mail _____

Program: _____

WITHDRAWAL FROM COURSE(S) WILL APPEAR ON TRANSCRIPT AS WP OR WF

CRN#	SUBJ	COURSE#	COURSE TITLE	CRS	WP/WF*	INSTRUCTOR

***Instructor must fill in grade of WP or WF**

Student Signature: _____ Date: _____

Students may only withdraw from a course with the permission of the course instructor and the graduate program director

Instructor Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Graduate School Approval: _____ Date: _____