REQUEST FOR WITHDRAWAL  
(non-medical)

This form must be completed and returned to Registration & Records Service Center (Langsdorf Hall 114) AFTER it has been signed by the Instructor, Department Chair and Associate Dean or designee (see bottom of form). It is ultimately the student’s responsibility to ensure that this form is returned to LH-114 for processing by the established withdrawal deadline found in the semester class schedule or at the top of this form.

Please Print in DARK Ink

Today’s Date ____________________________

Last                                                              First                                                           M.I.  Preferred Email Address (print clearly)

Student Identification Number                                  Daytime Telephone Number

Degree Objective    Major                          Evening or other Telephone Number

Expected Date of Graduation                                    Student Signature

Course for which withdrawal is requested:                      Complete these questions:

                  Department/Course # (ie: Afro 311)

                  5 Digit Schedule Number       Number of Units

                  Name of Instructor (Print clearly)

                  Are you withdrawing from all classes?  □ Yes  □ No

                  What date did you last attend this course?  __________________________

                  For students who are NOT dropping all courses:

                  Have you attended this course continuously since it began?  □ Yes  □ No

                  How many sessions have you attended?  __________________________

                  ATTENTION UNDERGRADUATES: CANNOT EXCEED 18 UNITS OF ‘W’ (FROM FALL 2009 FORWARD)

                  Explain in detail the serious and compelling reasons requiring your withdrawal from this class.

                  Please attach required documentation. Poor attendance or academic performance is unacceptable as a serious or compelling reason:

(continue on reverse side if necessary)

RECOMMENDATIONS

INSTRUCTOR: Please check one of the following AND provide the last date of attendance:

□ Estimated grade at time of withdrawal: __________________________

□ No basis for evaluation (no exams or graded assignments)

Last date student attended your class: __________________________

Recommend □ approval                □ denial                                  Signature of Instructor    Date

Recommend □ approval                □ denial                                  Signature of Department Chair    Date

☐ ☐ Check and initial here if this approval is conditional, based upon the student dropping ALL classes.