



Office of the Registrar  
Course Withdrawal Request  
College Transfer Program

CWID: \_\_\_\_\_  
Last Name First Name MI

Phone Number: \_\_\_\_\_

**If you are receiving any VA funding please see the Veterans Services Representative on campus as withdrawing from courses may have adverse consequences.**

Term to Withdraw:  Fall  Spring  Summer Year: \_\_\_\_\_

Course(s) to Withdraw:

Course Prefix	Course Number	Section Number	Instructor Signature	Date of Last Attendance**
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

NCAA Compliance Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
**\*If applicable**

Program Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_  
**\*Only required if beyond the withdrawal date for the term**

Citadel Graduate College Approval \_\_\_\_\_ Date \_\_\_\_\_  
**\*Associate Provost of Enrollment Management signature required beyond the withdrawal date for the term**

*\*\* For online courses, the date of last attendance should reflect the last date the student participated in the course (participation defined as posting to discussion boards, submitting assignments, and/or taking quizzes/tests). \*\**

**Office Use Only**

Grade(s) Assigned

Initials

Date