



Office of the Registrar  
**Course Withdrawal Request**  
Day Program Undergraduate Students

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

CWID: \_\_\_\_\_ 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 to Withdraw: \_\_\_\_\_  
Course Subject Course Number Section Number

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

\_\_\_\_\_  
Advisor Signature Date

**To be completed by the Instructor:**

\_\_\_\_\_  
Last Date of Attendance/Participation\* Instructor Signature Date

\*Participation is defined as contributing to discussion boards, assignment, quiz, or test submission, and/or attending class via Zoom or other virtual meeting spaces\*

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

**Office Use Only**

Student Athlete? (SGASPT) YES NO

# of Enrolled Hours after WD? \_\_\_\_\_

\_\_\_\_\_  
Initials Date