



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**

School Dean Signature _____ Date _____
***Only required if beyond the withdrawal date for the term**

Citadel Graduate College Approval _____ Date _____
***Dean 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