



Course Withdrawal Form

Student ID	Student Name	Major
Mobile #	AURAK Email	Class status
		<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior

Course (s) to be withdrawn:

Course Number	Teacher/Class Timing	Number Of Credits	Instructor's Signature & Date

Are you receiving financial aid/scholarships from a sponsor? Yes or No

Student's Signature: _____ Date : _____

Advisor's Signature: _____ Date : _____

PLEASE SUBMIT THIS FORM TO THE Department of Registrar AFTER COMPLETION
BEFORE THE WITHDRAWAL DEADLINE.

Received by : _____ Date: _____

Department of Registrar