



# Class Withdrawal Form

## Student Data

Student Name:

\_\_\_\_\_  
*Last*

\_\_\_\_\_  
*First*

\_\_\_\_\_  
*M.I.*

Student ID:

\_\_\_\_\_  
*SSN/ SSI*

\_\_\_\_\_  
*Student E-Mail*

\_\_\_\_\_  
*Student Phone Number*

Student Address:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State/ Zip*

I am requesting to withdraw from the following class(es), \_\_\_\_\_,  
*Course name*

for the following reason(s):

Academic Performance

Attendance

Other (explain): \_\_\_\_\_

\_\_\_\_\_  
*Student Signature (REQUIRED)*

\_\_\_\_\_  
*Date (REQUIRED)*

## For Registrar Use Only

**Status  
of  
Request**

ACCEPTED

DECLINED

\_\_\_\_\_  
*Campus Registrar's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Reason for Decline*