Office of the Registrar
263 Alden Street
Springfield, MA 01109-3797

OFFICE OF THE REGISTRAR
COURSE WITHDRAWAL FORM
(ONE COURSE PER SLIP)

STUDENT'S NAME:_____ _____
(Last) **(First)** **ID #**

SEMESTER /YEAR: _____

Course to be **WITHDRAWN.** (Beyond the drop period, students may withdraw from a course, receiving a grade of "W", only if done within the designated withdrawal period. Advisor and instructor approval is required.

DEPT	#	SEC	TITLE	CREDIT	INSTRUCTOR

Last date of student attendance or active engagement in class
(must be included by faculty member for withdrawal to be processed)

_____
Date

_____ _____
Approving Faculty Member **Date**

Registrar's Office Use Only
Initials
_____
Date _____

_____ _____
Advisor **Date**

Original to student file