

## Course Withdrawal

Student's Name \_\_\_\_\_

Semester \_\_\_\_\_

Course No.	Title	Professor

Reason: \_\_\_\_\_  
\_\_\_\_\_

This withdrawal will change my academic load for the semester from \_\_\_\_\_ to \_\_\_\_\_ credits.

*(Students must remain enrolled in a minimum of 12 credits.)*

Professor's Signature: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_

Registrar Approval: \_\_\_\_\_ Date received: \_\_\_\_\_