

**DIVISION OF ACADEMIC AFFAIRS  
Office of the Registrar  
WITHDRAWAL REQUEST FROM A  
CLASS**

Year: _____	Term: _____
Fall	<input checked="" type="checkbox"/> Spring <input checked="" type="checkbox"/> Summer

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone# \_\_\_\_\_

**Add**

**Drop**

Course Prefix	Course# Sec#	Faculty Signature		Course Prefix	Course# Sec#	Faculty Signature

Reason/Justification for Adding or Dropping \_\_\_\_\_  
\_\_\_\_\_

**Note:** This is not a “withdrawal from the college” form.