

Request For Withdrawal Credit Classes Only

This form, when completed and signed by the instructor, department chair, and associate dean (if necessary), must be submitted to Extension and International Programs, CP 100. Call 657-278-2611 for more information. **It is the student's responsibility to return the form for processing by the withdrawal deadline.**

(Please print in ink)

Date _____		CWID _____	
First Name _____		() _____	
Last Name _____		Area code _____	Telephone number _____
Address _____		Degree objective _____ Major _____	
City _____ Zip code _____		Signature _____	
Email _____			

First Name

A Course for Which Withdrawal is Requested

Type of Course

Subject area and Catalog number _____

Class number (5-digit) _____ Number of Units _____

Name of instructor _____

Semester _____

- Lecture or Lecture/Lab
- Laboratory
- Activity
- Mini-Course
- Internship
- Independent Study
- Other

1. Are you withdrawing from all courses? Yes No
2. Have you attended this course continuously since the first meeting? Yes No If yes, skip to #5.
3. How many sessions have you attended? _____
4. When did you last attend this course? _____
5. Explain in detail below the serious and compelling reasons requiring your withdrawal. Please attach required documentation. Poor attendance or academic performance is unacceptable as serious or compelling reasons.

Last Name

(Continue on reverse side if necessary.)

B RECOMMENDATIONS

Approved Denied _____
Signature of Instructor _____ Date _____

Please check the appropriate box:

- Estimated grade at the time of withdrawal = _____
- No basis for evaluation (no exams or graded assignments)
- Last date student attended your class _____

Approved Denied _____
Signature of Department Chair _____ Date _____

CBE and ECS COURSES

Approved Denied _____
Signature of Associate Dean or Designee _____ Date _____

