

# UNIVERSITY EXTENDED EDUCATION

## 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 with your drop form to University Extended Education, CP 100. Call 657-278-2611 for more information.

(Please print in ink)

_____	_____
Date	CWID or Social Security Number
_____	(      )
Name	Area code      Telephone number
_____	_____
Address	Degree objective      Major
_____	_____
City      Zip code	Signature
_____	_____
Email	

<b>A</b>	<b>Type of Course</b>	<b>Course for Which Withdrawal is Requested</b>
	<input type="checkbox"/> Lecture or Lecture/Lab	_____
	<input type="checkbox"/> Laboratory	Subject area and Catalog number
	<input type="checkbox"/> Activity	_____
	<input type="checkbox"/> Mini-Course	Class number (5-digit)
	<input type="checkbox"/> Internship	_____
	<input type="checkbox"/> Independent Study	Name of instructor
<input type="checkbox"/> Other	_____	
	Semester	_____

1. Are you withdrawing from all courses?  Yes  No If yes, skip to #5.
  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 reasons requiring your withdrawal. Please attach required documentation. Unacceptable attendance and poor academic performance are not considered serious reasons.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(Continue on reverse side if necessary.)

<b>B</b>	<b>RECOMMENDATIONS</b>	
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____	_____
		Signature of Instructor      Date
	Please check the appropriate box:	
	<input type="checkbox"/> Estimated grade at the time of withdrawal = _____	
	<input type="checkbox"/> No basis for evaluation (no exams or graded assignments)	
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____	_____
		Signature of Department Chair      Date
	<b>CBE and ECS COURSES</b>	
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____	_____
		Signature of Associate Dean or Designee      Date

