



Last Name: _____ First Name: _____ MI: _____

CWID: _____ Email: _____

If you are receiving *any* VA funding please see the Veterans Services Representative on campus as withdrawing from courses may have adverse consequences.

Term to Withdraw:	Fall	Spring	Summer	Year: _____
Course to Withdraw:	Course Subject	Course Number	Section Number	CRN
	_____	_____	_____	_____

To be completed by the Instructor:

_____	_____	_____
Last Date of Attendance/Participation*	Instructor Signature	Date

Participation is defined as contributing to discussion boards, assignment, quiz, or test submission, and/or attending class via Zoom or other virtual meeting spaces

Student Signature _____
Date

Advisor or Program Coordinator Signature _____
Date

NCAA Compliance Officer Signature *(If applicable)* _____
Date

IF WITHDRAWAL REQUEST IS SUBMITTED AFTER DEADLINE

School Dean Signature *(FOR GRADUATE STUDENTS ONLY)* _____
Date

Associate Provost *(FOR ALL STUDENTS)* _____
Date

Office Use Only

Student Athlete? (SGASPR) # YES NO

Initials

Date

Hours registered for after
WD