



REQUEST TO WITHDRAW FORM

Deadline for withdrawing from a course: Wednesday, November 25, 2009

This form must be submitted in person with the signature of the instructor(s) to the University Center at the School of Continuing and Professional Studies. Official withdraw from course(s) is incomplete until this form has been reviewed and approved by Donna Klepper, Director. The student is responsible for instructor notification of withdrawal.

Student Name _____ EMPL ID# _____
 Local Telephone _____ E-mail _____

First Course

Course Subject	Course Number	Class Number (5 digits)	Title of Course
<i>Reason for Withdraw:</i>			
<i>Student Signature:</i>			<i>Date:</i>

Second Course

Course Subject	Course Number	Class Number (5 digits)	Title of Course
<i>Reason for Withdraw:</i>			
<i>Student Signature:</i>			<i>Date:</i>

Approved by:

 Donna Klepper, Director
 University Center

Date: _____