

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, THALL 1117. 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 _____ Name _____ Address _____ City _____ Zip code _____ Email _____	CWID (_____) _____ Area code Telephone number Degree objective Major Signature _____
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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

ECS COURSES

Approved Denied _____
 Signature of Associate Dean or Designee Date

