**Withdrawal Form**

Name: _____________________ Semester: ______________ Roll #: ____________

**The student must return this form to the Academic Office**

1. If Withdrawal is processed officially WPass or WFail will be issued on the transcript.
2. If official withdrawal is not processed by the student with correct approvals a grade of F will result in the course/courses.
3. **Any issue regarding the processing of withdrawals must be dealt with in the applicable semester.**

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<tr>
<th>Course No.</th>
<th>Sec</th>
<th>Course Title</th>
<th>Instructor’s Signature</th>
<th>WPass/WFail</th>
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</table>

**Course Withdrawal**

Student Signature

**Do You Intent to Withdraw From All Courses This Semester?**

Yes □ No □

If Yes, Please See the Dean Of Students.

Only fill this section if you are freezing the current semester or leaving University permanently.

**Temporary/University Withdrawal**

Temporary/University Withdrawal Adviser Signature Dean of Student’s Signature Student

Return Form to the Academic Office

Academic Office: ___________________ Date: ______________

Copy for your own records and give one to your Advisor