



Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
Last First Middle

Contact Details: \_\_\_\_\_  
House / Apt No. Street City

\_\_\_\_\_ State / Province Zip / Postal Code Country

\_\_\_\_\_ Phone No. Mobile No. E-mail

**CLASS/ES WITHDRAWAL & REASON FOR REQUEST**

I am requesting a Class Withdrawal from the following Class /es:


I am requesting a Class Withdrawal for the following reasons;

- Academic
  Attendance  
 Other *(Explain Below, use additional paper if required)*

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date (Required)

**OFFICIAL USE ONLY**

Dean: X _____	Registrar (Records): X _____
Date: _____	Date: _____
<b>STATUS:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date: _____
<b>Rejected By:</b> _____	Signature: X _____
<b>Reason:</b> _____ _____	