



Office of the Registrar

Course Withdrawal Form

STUDENT INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Student ID \_\_\_\_\_ NU School \_\_\_\_\_

Academic Level \_\_\_\_\_ Year of study (1-5) \_\_\_\_\_

Major \_\_\_\_\_

Track (if any) \_\_\_\_\_ Minor (if any) \_\_\_\_\_

COURSE INFORMATION

Semester: Fall20\_\_ Spring20\_\_ Summer20\_\_

Other \_\_\_\_\_

Course Abbr \_\_\_\_\_ Title \_\_\_\_\_

Reason of withdrawal \_\_\_\_\_

Number of remaining credits: \_\_\_\_\_

Student \_\_\_\_\_ signature \_\_\_\_\_ date \_\_\_\_\_

Adviser \_\_\_\_\_ full name and signature \_\_\_\_\_ date \_\_\_\_\_

Instructor \_\_\_\_\_ full name and signature \_\_\_\_\_ date \_\_\_\_\_

Dep. Chair of the course/Vice Dean for Academic Affairs \_\_\_\_\_ full name and signature \_\_\_\_\_ date \_\_\_\_\_

\*Please make sure to fill in the form properly, or it will not be processed.

\*This form must be submitted to the School Office of the course.

Office of the Registrar use only
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_