

UNIVERSITY EXTENDED EDUCATION

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 with your drop form to University Extended Education, CP 100, or fax 657.278.2088.

(Please print in ink)

| | |
|--------------------|---------------------------------|
| _____ | _____ |
| Date | CWID or Social Security Number |
| _____ | () |
| Name | Area code Telephone number |
| _____ | _____ |
| Address | Degree objective Major |
| _____ | _____ |
| City Zip code | Signature |
| _____ | _____ |
| Email | |

| | | |
|--------------------------------|---|---|
| A | Type of Course | Course for Which Withdrawal is Requested |
| | <input type="checkbox"/> Lecture or Lecture/Lab | _____ |
| | <input type="checkbox"/> Laboratory | Subject area and Catalog number |
| | <input type="checkbox"/> Activity | _____ |
| | <input type="checkbox"/> Mini-Course | Class number (5-digit) |
| | <input type="checkbox"/> Internship | _____ |
| | <input type="checkbox"/> Independent Study | Name of instructor |
| <input type="checkbox"/> Other | _____ | |
| | Semester | _____ |

1. Are you withdrawing from all courses? Yes No If yes, skip to #5.
 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 reasons requiring your withdrawal. Please attach required documentation. Unacceptable attendance and poor academic performance are not considered serious reasons.
- _____
- _____
- _____
- _____

(Continue on reverse side if necessary.)

| | | |
|----------|---|---|
| B | RECOMMENDATIONS | |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ | _____ |
| | | Signature of Instructor Date |
| | Please check the appropriate box: | |
| | <input type="checkbox"/> Estimated grade at the time of withdrawal = _____ | |
| | <input type="checkbox"/> No basis for evaluation (no exams or graded assignments) | |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ | _____ |
| | | Signature of Department Chair Date |
| | CBE and ECS COURSES | |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ | _____ |
| | | Signature of Associate Dean or Designee Date |

