
CLASS WITHDRAWAL SLIP

I wish to withdraw from the following class/classes.

Spring Semester 20__ Fall Semester 20__ Summer Mod 20__

CLASS TITLE: _____ CODE: _____ EFFECTIVE: _____

CLASS TITLE: _____ CODE: _____ EFFECTIVE: _____

CLASS TITLE: _____ CODE: _____ EFFECTIVE: _____

CLASS TITLE: _____ CODE: _____ EFFECTIVE: _____

STUDENT: _____
 PRINT YOUR NAME

STUDENT SIGNATURE: _____ DATE: _____

By affixing your signature you have officially withdrawn from the above stated class(es) and will receive no grade or academic credit.