Withdrawal Petition

1. Student’s Name

2. __________________________
   Student ID Number

3. __________________________
   Date:

4. __________________________
   Reason:

5. __________________________
   Semester

6. __________________________
   Year

7. __________________________
   Student’s Signature

8. | Course | Number | Section | Instructor |
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9. __________________________
   Advisor or Department Head’s Signature

10. __________________________
    Records Office Verification

With few exceptions, you have the right to request, receive, review, and correct information about yourself collected using this form.

Instructions:
Step 1: Student must complete blanks 1-8.
Step 2: Advisor or Department Head’s signature of approval, blank 9.
Step 3: Records Office verification, blank 10

If you have financial aid, please check with that office prior to withdrawing as it could cause you to owe funds back to the university.