

Withdrawal Petition

1. _____
Student's Name

2. _____
Student ID Number

3. Date: _____

4. Reason: _____

5. _____ 6. _____
Semester Year Major/Campus

7. _____
Student's Signature

9. _____
Advisor or Department Head's Signature

10. _____
Records Office Verification

8.

| Course | Number | Section | Instructor |
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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.