



1. _____
Student's Name

2. _____
Student ID Number

3. Date: _____

4. Reason: _____

5. _____
Semester Year

6. _____
Major/Campus

7.

Course	Number	Section	Instructor's Signature	Assigned Grade (W or F)

8. _____
Student's Signature

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.