

COURSE WITHDRAWAL FORM
ARE YOU CURRENTLY RECEIVING VETERAN'S BENEFITS? __ YES __ NO
PLEASE PRINT

ID:

LAST NAME FIRST NAME MIDDLE INITIAL

LOCAL ADDRESS CITY STATE ZIP LOCAL PHONE #

HU EMAIL ADDRESS: _____

REASON FOR WITHDRAWAL: _____

ONE FORM PER COURSE *Instructor must circle WP (withdrawal passing) or WF (withdrawal failing) **AND** initial beside grade.

DEPT.	COURSE NUMBER	COURSE SECTION	CREDIT HOURS	NAME OF INSTRUCTOR (<i>PRINT</i>)	GRADE	INSTRUCTOR'S INITIALS
					*WP	
					*WF	

Student's Signature _____ Date _____
Instructor's Signature _____ Date _____
Advisor's Signature _____ Date _____
Major Dept. Chairperson's Signature _____ Date _____

OFFICE USE ONLY
Original Credit Hours _____
Revised Credit Hours _____
Processor's Signature _____
Date Processed _____