## Wilmington University Office of the Registrar

## **Request to Withdraw from Course(s)**

tudent's Name:		
tudent's I.D. Number:		
student's Phone Number:		
WITHDRAW FROM:	1)	
Print Subject, Course Number, CRN in the space provided  (Example: ENG 121, CRN 10390)  For: Fall Spring Summer  (Year)	2)	
	3)	
	4)	
	5)	
	6)	
IMPORTANT:		
Withdrawal Forms should be emailed to registrar@ academic calendar to obtain deadlines for withdraw	wilmu.edu during the deadline to be valid. Students maing from a course.	y refer to the
The Office of the Registrar will use the email date deadline.	time stamp course withdrawal requests as the determi	nant date for
Signature:	Date:	
Please carefully read and answer a regarding your withdraw. Also, pro	ll of the following questions ovide your initials where indicated.	Student Initials
Withdrawing does not release you from the course(s).	· · · · · · · · · · · · · · · · · · ·	
Do you receive financial aid or other benefits to pay	for your course(s)? YESNO	
Indicate the last day you attended class.		
Will you be re-entering courses during this term/pay	yment period? YESNO	
You are responsible to withdraw from class if you s	top attending. You will not be automatically withdrawn	
You may withdraw from a course without academic before deadline results in a failing grade ("FA" or "	e penalty prior to course withdrawal deadlines. Failure to F").	withdraw
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