



### Course Withdrawal Form

WCMCQ Student ID #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Expected Graduation Year: \_\_\_\_\_

I would like to withdraw from the following course:

Course Number	Section	Credit Hours	Course Title

.....  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Course Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Academic Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Premedical or Medical Education Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to the Office of the Registrar.**

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*For Office of the Registrar Use Only*

Posted: .....

Date:.....