



Course Withdrawal Form

WCMCQ Student ID #: _____

First Name: _____ Last Name: _____

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 _____

.....
Associate Dean for Premedical Education Signature _____ Date _____

Please return this form to the Office of the Registrar.

For Office of the Registrar Use Only

Posted:

Date:.....