



LATE WITHDRAWAL FORM

STUDENT'S NAME ID NUMBER SEMESTER PROGRAM DATE

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COURSE BEING DROPPED

COURSE # COURSE NAME CREDITS INSTRUCTOR

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To be filled in by instructor

Please make sure you affix a grade of P for passing or F for failing for the student before signing this form.

Last date of attendance _____

Grade: WP

WF

Indicate one option

Instructor's Signature _____

Date of Signature _____