Office of the Registrar
COURSE WITHDRAWAL

Name: ___________________________________________ GU ID#: ____________________________

Last                      First                      MI

Semester/Year: ___________________ Date: __________________

You cannot withdraw from all your courses within a term on this form; please contact the Office of the Registrar if you wish to do so.

COURSES TO BE WITHDRAWN FROM: (A grade of W will be recorded on the academic transcript for these courses; this grade will not affect the GPA)

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Professor’s Name(s) (please print):

1. ___________________________ AD Box: ________________
   No signature required

2. ___________________________ AD Box: ________________

Advisor: ___________________________ Date: __________________

Signature

Print Last Name

AD Box

WHITE—Registrar
YELLOW—Professor
PINK—Advisor

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Revised 11/3/14