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COURSES TO BE WITHDRAWN FROM: (A grade of W will be recorded on the academic transcript for these courses; this grade will not affect the GPA)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

Please submit to Registrar’s Office.

WHITE—Registrar       YELLOW—Professor       PINK—Advisor
College Hall Rm 229 AD Box 83 Spokane, WA 99258-0083 Phone (509) 313-6592 Fax (509) 313-5828

Revised 8/19/16