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COURSES TO BE WITHDRAWN FROM: (A grade of W will be recorded on the academic transcript for these courses; this grade will not affect the GPA)

<table>
<thead>
<tr>
<th>CRN</th>
<th>DEPT</th>
<th>COURSE#</th>
<th>SECT#</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Professor’s Name(s) (please print): 1._____________________________________________________   AD Box:________________

2._____________________________________________________   AD Box:________________

No signature required

Advisor:_______________________________________________________________ ____________________   Date:______________________

Signature                                                                                           Print Last Name                                     AD Box

Please submit to Registrar’s Office.

College Hall Rm 229    •    AD Box 83    •    Spokane, WA 99258-0083    •    Phone (509) 313-6592    •    Fax (509) 313-5828

Revised 8/19/16