

WHEELOCK COLLEGE

Academic Records and Registration

COURSE WITHDRAWAL FORM

Date _____

Name _____ Student ID _____

Term/Year _____ Undergraduate _____ Graduate _____

COURSES TO BE WITHDRAWN

Code	Number	Section
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: It is the student's responsibility to submit this completed form to Academic Records and Registration for processing within the designated Course Withdrawal period.

Student's Signature _____

Advisor's Signature _____