VLS STUDENT: REQUEST TO WITHDRAW FROM A COURSE

Student Name:	DOB: MM/DD Only			
I wish to withdraw fro understand that a "Wd			nce with the Academic R transcript:	egulations and
Term/Year Cours	e Code.Sec	Title	Credits	Professor
	om this course	and hereby affirm t	my official signature ind hat no additional signature. Effective De	re is required
Instructor Approval	:			
Instructor's Signature			Date	
Return form to:	Office of the	e Registrar		
Processed copies to:	Student Rec Student Instructor Business Of			