

## Claflin University Office of Records and Registration

## **Student Withdrawal from Course Form**

		Withdrawal Notification Date:				
Name		ID‡	ID# Student Signature			
The student na	med above i	is withdraw	ing from the co	ourse(s) listed be	elow.	
If withdrawal a grade of "W"			re punitive date	e as published b	y the Office of	Records, a
				as published by failing ("WF")		
approval; comple returned to the R	eted and signed egistrar's Offi instructor sho	d by the instructed by the coupout out of the coupout of the coupout the coupo	ictor of the course rse instructor with copy pf this form j	led to the academi e(s) from which th hin 3 business day for his/her records	e student is to be s of the withdraw	withdrawn, and al notification
COURSE/SEC	COURSE TITLE	CR HOURS	INSTRUCTOR NAME	LAST DATE OF ATTENDANCE	INSTRUCTOR SIGNATURE	GRADE (W/WP/WF)
	ADM	IINISTRATIV	Æ SIGNATURE B	ELOW THIS LINE	E ONLY	
Advisor Name: Advisor Signature: Date:						:
Received in Reg			-	by:		