

## Claflin University Office of Records and Registration

## **Student Withdrawal from Course Form**

		Withdrawal Notification Date:					
Name		ID <del>7</del>	ID# Student Signature				
The student na	med above	is withdraw	ring from the co	ourse(s) listed be	elow.		
If withdrawal i			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 instri ice by the cou ould retain a	uctor of the course arse instructor with copy pf this form	led to the academi e(s) from which th hin 3 business day for his/her records	e student is to be s of the withdraw	withdrawn, and al notification	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	VE SIGNATURE B	ELOW THIS LINE	E ONLY		
Advisor Name:	lvisor Name: Advisor Signatu				:Date:		
Received in Res	zistrar's Offic	e on:	by:				