

SAINT JOSEPH'S UNIVERSITY WITHDRAWAL FROM COURSE

CHECK ONE:

- | | |
|--|---|
| <input type="checkbox"/> COLLEGE OF ARTS AND SCIENCES | <input type="checkbox"/> UNIVERSITY COLLEGE |
| <input type="checkbox"/> HAUB SCHOOL OF BUSINESS | (Complete parts 1,2 and 4) |
| <input type="checkbox"/> CONTINUING EDUCATION
(Parts 1, 2, 3 and 4 must be completed) | <input type="checkbox"/> GRADUATE PROGRAM
(Complete parts 1, AND 2 only) |

1. STUDENT NAME: _____
IDENTIFICATION NUMBER:

COLLEGE: Arts and Sciences/
Haub School of Business Students University College Student Graduate Programs Students

CLASS LEVEL: Freshman Sophomore Junior Senior Other

MAJOR: _____

2. I have read the policy concerning withdrawal from courses stated in the Catalog and wish to withdraw from the following courses.

_____	_____	_____	_____	_____	_____
CRN. NO	Dept. No.	Course No.	Section No.	Credits	Instructor

For the following reasons: _____

N.B. Effective Date is the date received by Registrar's Office.

Student Signature: _____ **Date:** _____

3. Request had been discussed with the student and is recommended not recommended.
Comments: _____

Advisor/Instructor: _____

- a) Advisor: Until two weeks after end of quarter
- b) Instructor, after above date – "Unusual and extraordinary reason" required
- c) "In no case will withdrawal be permitted after the last class day of the semester"
- d) Withdrawal is subject to the provisions of the academic honesty policy, see section 4.b.

4. Request is: approved not approved
Comments: _____

Associate/Assistant Academic Dean _____ Date _____