SAINT JOSEPH'S UNIVERSITY
WITHDRAWAL FROM COURSE
College of Professional and Liberal Studies & Graduate Students
Academic Semester: ______________________

Check One:
____ College of Professional and Liberal Studies (Parts 1, 2, 3, and 4 must be completed)
____ Graduate Program (Complete parts 1 and 2 only)

PART 1:
Student Name: ____________________________________________
Student Identification Number: _______________________________
College: _____ College of Professional and Liberal Studies Students
____ Graduate Program Students
Class Level: _____ Freshman _____ Sophomore _____ Junior _____ Senior _____ Other
Major: ___________________________________________________

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

CRN # __________ Subject __________ Course # __________ Section # __________ Credits __________ Instructor __________
For the following reasons: ____________________________________________
Signature of Student: ____________________________________________ Date: ______________________

PART 3
Request has been discussed with the student and is _____ recommended _____ not recommended
Comments: ___________________________________________________

Signature of Academic Advisor / Instructor: ______________________ Date: ______________________

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 day of the semester”
d) Withdrawal is subject to the provisions of the academic honesty policy, see section 4.b.

PART 4
Request has been _____ approved _____ not approved
Signature of Associate/Assistant Academic Dean: __________________________
Comments: ___________________________________________________
Date: ______________________