



Student's Last Name				First Name	First Name		
Student ID#		_ D.O.B		Street Addr	ress		
date ONLY if which the co		tenuating circ	umstances e	exist. The reques		of "W" after the official withdrawal ted by the end of the term for	
<ol> <li>Obtain the</li> <li>Submit for a.</li> </ol>	e this Late Withdra ne recommendation orms to the Acade A copy of the de This form will go	n & signature of mic Dean cision of the Ac	f the instructo ademic Dean	or if available will be provided		d the instructor.	
Course Information:	Department	Number	Section	Term	CI	ass Title	
	e emergency or ex may attach support			which resulted in	n your request to o	drop the course shown	
Student's Signature:					Date		
Instructor's  LDA	Section (if availab Grade on LDA	le)	Withdrawal I	Recommended	☐ Withdraw	val Not Recommended	
Instructor's C	Comments & Reco	nmendation					
Instructor's S	Signature:					Date	
Dean's Sect	ion ments & Recomme	endation					
		Approved		Not Approved			
Dean's Signa	ature:					Date	
	RI:R-WITH CEX:RD12AOWD-audent File cc: In:	approved	Processed by PCEX:R	y PD12WADN-no a			