

Name: _____ GU ID#: _____
Last First MI

Semester/Year: _____ Date: _____

You cannot withdraw from all your courses within a term on this form; please contact the Office of the Registrar if you wish to do so.

COURSES TO BE WITHDRAWN FROM: *(A grade of W will be recorded on the academic transcript for these courses; this grade will not affect the GPA)*

CRN	DEPT	COURSE#	SECT#	TITLE

Professor's Name(s) *(please print):* 1. _____ AD Box: _____
No signature required
 2. _____ AD Box: _____

Advisor: _____ Date: _____
Signature Print Last Name AD Box

Please submit to Registrar's Office.

College Hall Rm 229 ▪ WHITE—Registrar ▪ AD Box 83 ▪ YELLOW—Professor ▪ Spokane, WA 99258-0083 ▪ PINK—Advisor ▪ Phone (509) 313-6592 ▪ Fax (509) 313-5828