



CWID: _____
Last Name First Name MI

Phone Number: _____

Term to Withdraw: Fall Spring Summer Year: _____

Course(s) to Withdraw:

Course Prefix	Course Number	Section Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature Date

NCAA Compliance Officer Signature Date
***If applicable**

School Dean Signature Date
***Only required if beyond the withdrawal date for the term**

Citadel Graduate College Approval Date
***Dean of Enrollment Management signature required beyond the withdrawal date for the term**

Office Use Only

Grade(s) Assigned Initials Date