

IDENTIFICATION NUMBER

LAST NAME	FIRST NAME	M.I.
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SEMESTER

YEAR

W I T H D R A W A L	COURSE	COURSE CODE	CREDITS	INSTRUCTOR
TOTAL				

WHITE REGISTRATION COPY
 YELLOW STUDENT COPY
 PINK DEPARTMENT COPY

COURSE WITHDRAWAL

**THE GRADUATE SCHOOL AND UNIVERSITY CENTER
 OF THE CITY UNIVERSITY OF NEW YORK
 365 FIFTH AVENUE, NEW YORK, NY 10016**

	DISCIPLINE	CLASS CODE
F.O.M.I.		

REASON FOR WITHDRAWAL

 EXECUTIVE OFFICER'S OR ADVISOR'S SIGNATURE DATE

 STUDENT'S SIGNATURE DATE