

SAMPLE ONLY

IDENTIFICATION NUMBER 12345678	LAST NAME Smith	FIRST NAME Jane	M.I.	SEMESTER Fall	YEAR 2016
--	---------------------------	---------------------------	------	-------------------------	---------------------

W I T H D R A W A L	COURSE	COURSE CODE	CREDITS	INSTRUCTOR
	80103	38486	3	Dr. Sam Green
	TOTAL		3	

WHITE REGISTRATION COPY
YELLOW STUDENT COPY
PINK DEPARTMENT COPY

	Psychology	
F.O.M.I.	DISCIPLINE	CLASS CODE

COURSE WITHDRAWAL

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

REASON FOR WITHDRAWAL Time and scheduling restraints

Anne Brown 10/5/2016
EXECUTIVE OFFICER'S OR ADVISOR'S SIGNATURE DATE

Jane Smith 10/3/2016
STUDENT'S SIGNATURE DATE

SAMPLE ONLY