

IDENTIFICATION NUMBER

LAST NAME

FIRST NAME

M.I.

SEMESTER

YEAR

WITHDRAWAL

COURSE	COURSE CODE	CREDITS	INSTRUCTOR
TOTAL			

WHITE
YELLOW
PINK

REGISTRATION COPY
STUDENT COPY
DEPARTMENT COPY

COURSE WITHDRAWAL

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

Federal guidelines require that you report the last date you attended classes.

F.O.M.I.

DISCIPLINE

CLASS CODE

REASON FOR
WITHDRAWAL

EXECUTIVE OFFICER'S OR ADVISOR'S SIGNATURE

DATE

STUDENT'S SIGNATURE

DATE