



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Course Withdrawal

Return This Form to the Office of the College Registrar

For Student Initiated (Voluntary) Withdrawals Only

Semester/Term and Academic Year		Student ID	Site
Student's Last Name		Student's First Name	Major
Course Number (ex. EN101)	Section	Course Title	
Student's Signature			Date

To Be Completed By Advisor (Mandatory)

Comments	
Advisor's Signature	Date

Instructor Signature Required YES___ NO___

Comments	
Instructor Signature	Date

OFFICE USE ONLY:

Processed by the College Registrar's Office:

Withdrawal Date: _____

_____/_____/_____
Initials Date