INSTRUCTOR WITHDRAWAL FORM

Texas Wesleyan
OFFICE OF STUDENT RECORDS
registrar@txwes.edu

I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

II. SEMESTER INFORMATION

Year: _____

Term: ☐ Summer ☐ May ☐ Fall ☐ Winter ☐ Spring

Session: _____
(i. e, I, II, 7-week)

III. COURSE INFORMATION

Indicate the first course you wish to withdraw the student from

Course Prefix (ENG)	Course Number (1301)	Section Number (01)	Last Date of Attendance (If applicable)	Reason for Withdrawal (Check box)
				☐ Never attended ☐ Stopped attending ☐ Other (Provide justification below)

Justification: _____

Indicate the second course you wish to withdraw the student from

Course Prefix (ENG)	Course Number (1301)	Section Number (01)	Last Date of Attendance (If applicable)	Reason for Withdrawal (Check box)
				☐ Never attended ☐ Stopped attending ☐ Other (Provide justification below)

Justification: _____

Indicate the third course you wish to withdraw the student from

Course Prefix (ENG)	Course Number (1301)	Section Number (01)	Last Date of Attendance (If applicable)	Reason for Withdrawal (Check box)
				☐ Never attended ☐ Stopped attending ☐ Other (Provide justification below)

Justification: _____

IV. APPROVAL SIGNATURE

Instructor Signature: _____ Date: _____

Course withdrawal is not official until completed form is submitted to the Office of Student Records.

For Office of Student Records Use Only

Grade assigned: _____ Processed by: _____ Date: _____