



**WITHDRAWAL FROM COURSES(S) FORM**

**GRADUATE SCHOOL**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Mobile Tel.: \_\_\_\_\_

Student ID: \_\_\_\_\_ acg.edu e-mail: \_\_\_\_\_

<u>Course(s) to be dropped</u>	<u>Reasons for withdrawing</u>	<u>Instructor's name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

After dropping the above course(s) I should still have \_\_\_\_\_ course(s).

For COMPLETE withdrawal please get clearance from the offices listed below:

\_\_\_\_\_  
Cashier's Clearance

\_\_\_\_\_  
Library

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_