



GALEN
UNIVERSITY

Office of the Registrar

Withdrawal Form

STUDENT INFORMATION

Student ID Number Last Name First Name Middle Name

Fall Spring Summer

Program/Major Phone Number Semester Year

Course Code	Section	Course Name	Credit Hour	Faculty Signature	Grade (P/F)	Course Code	Section	Course Name	Credit Hour	Faculty Signature	Grade (P/F)

Reason(s) for Withdrawal:

Student Signature: Date: _____

Advisor Signature: Date: _____

FOR OFFICIAL USE ONLY

Finance Office			Registrar's Office		
Date		By	Date		By
	Form Received			Form Received	
	Processed			Processed	