



Course Withdrawal

To be completed by the students and signed by the instructor

Student's Name _____ *AMC ID#/ SSN* _____

is requesting withdrawal from _____
Course Number *Course Title*

Effective _____
Date *Grade*

Signature of Instructor _____ *Date* _____

Academic Advisor's Signature _____ *Date* _____

Please return this to the:
Office of the Registrar, BOX M