



LATE WITHDRAWAL FORM

STUDENT'S NAME ID NUMBER SEMESTER PROGRAM DATE

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COURSE BEING DROPPED

COURSE # COURSE NAME CREDITS INSTRUCTOR

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To be filled in by instructor

Please make sure you affix a grade of **P** for passing or **F** for failing for the student before signing this form.

Last date of attendance _____

Grade _____

Instructor's Signature _____

Date of Signature _____