



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	