Request Form for Course Withdrawal with W Record

For Undergraduate Level

.....

Faculty.....

Day.....Month .....Year.....

I am Mr./Ms./Mrs. .....Student ID number .....

A bachelor degree student in the Faculty of: .....**Major**.....

( ) Regular ( ) Special ( ) International

I would like to withdraw from the courses described in the following table, accepting a W on my record in the ( ) first, ( ) second,

( ) Summer semester in the educational year: .....

No.	Subject Code	Group	Credits	Subject Teacher	Notes
1					
2					
3					
4					
5					
Total					

Reasons for withdrawal .....

Total Credits Before withdrawal .....credits

After withdrawal .....credits

Student Signature .....

Date: ...../...../.....

It is approved for the student to withdraw from .....subjects

Advisor's Signature .....

(.....)

Date...../...../.....

It is approved for the student to withdraw from .....subjects

Registrar's Signature .....

(.....)

Date...../...../.....