



171 Moultrie Street • Charleston, South Carolina 29409-6250
 Phone: (843) 953-5089 • Fax: (843) 953-7630

COURSE WITHDRAWAL REQUEST

Student Identification
 Number - _____ - _____

 Last Name First MI

____ - ____
 Campus / Local Phone

It is the student's responsibility to obtain necessary signatures and submit this form to the Registrar's Office / CGC

YEAR 20 _____

- Fall
- Spring
- Maymester
- Summer I
- Summer-Evening
- Summer II

COURSE SECTION ID

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EXAMPLE: ENGL-101-01

 Student Signature Date Associate Dean Date

OFFICE USE ONLY		
<div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div>	<p style="text-align: center;">_____ Registrar Approval</p>	<p style="text-align: center;">_____ Date Entered</p>
Grade Assigned		