CASE WESTERN RESERVE UNIVERSITY

REQUEST FOR WITHDRAWAL

Last Name: _	First Name:				CWRU ID#:	
Address:						
Email:					Phone	ne:
Term: □ Fall □ Spring □ Summe	Year:	UG Law	School (G Dent	(select one): SASS Nurs	MG Med	Look data of residence on commune.
l rec (Gra	quest to be witho	You are red	quired t	o obtain th	e signat	n currently enrolled for the term listed above. atures of your advisor and department chair.) □ Spring □ Summer
Reason for wi		check all th □ Medical		y and give Academic	as much □ Tran	ch detail as possible): ansfer □ Other
	ter the first week o		underst			ated on the Withdrawal Information Sheet (on back). If it is for which I am registered will have a grade of WD. Date
Dean's recomm	an's Office Only nended withdrawa ve of absence ap istrar only:				an's Signati	<u> </u>
			Pro	cessed By	By Date	