

CASE WESTERN RESERVE UNIVERSITY

REQUEST FOR WITHDRAWAL

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ CWRU ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Term:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	<b>Year:</b> _____ _____ _____	<b>School</b> (circle one):				Last date of class attendance: ___/___/___
		UG	G	SASS	MG	Last date of residence on campus: ___/___/___
		Law	Dent	Nurs	Med	

I request to be withdrawn from all courses in which I am currently enrolled for the term listed above.  
(Graduate students: You are required to obtain the signatures of your advisor and department chair.)

I intend to return in (tentative semester/year of re-enrollment):  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Reason for withdrawal/leave (check all that apply and give as much detail as possible):

Personal  Financial  Medical  Academic  Transfer  Other \_\_\_\_\_

I have read and agree to comply with the items applicable to me as stated on the Withdrawal Information Sheet (on back). If withdrawing after the first week of classes, I understand that all classes for which I am registered will have a grade of WD.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Academic Dean's Office Only

Dean's recommended withdrawal date: \_\_\_\_\_

Withdrawal/leave of absence approved: \_\_\_\_\_  
Dean's Signature Date

University Registrar only: \_\_\_\_\_  
Processed By Date