



# Request to Drop/Withdraw Form

Date: _____	Student Name: _____	Student ID: W00 _____
Program/Major: _____	Term (check one): <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: 20 _____
Phone Number: _____	Alternate Contact Number: _____	Contact Email: _____

Are you dropping all courses?  Yes  No

Reason for Drop/Withdrawal: Please check all that apply

- Not passing the class
- No longer pursuing the program
- Medical Reasons
- Personal/Family Emergency
- Financial concerns
- Didn't like the class
- Found a job
- Course load is too much
- Financial aid is not complete-cannot purchase text book/tools
- Other-Please Explain \_\_\_\_\_  
\_\_\_\_\_

CRN	Subject & Course #	Course Title	Credit Hrs.

I understand that by dropping and/or withdrawing from classes at WSU Tech, I am required to pay any outstanding balances due on my account. My student balance statement is located in the student tab of MyWSU Tech.

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

\_\_\_\_\_  
Date

For Internal Use Only	
_____ Advisor's Signature	_____ Date

