Class Withdrawal Form

Student Name: ________________________________________________________________

RU ID Number: ________________________________________________________________

Local Address: ________________________________________________________________

Telephone Number: ____________________________________________________________

Major/Option: _________________________________________________________________

Term: ___________________________ Year: ___________________________

<table>
<thead>
<tr>
<th>CRN</th>
<th>COURSE PREFIX &amp; NUMBER</th>
<th>SECTION #</th>
<th>COURSE TITLE</th>
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</table>

Are you: Receiving Veteran’s Benefits □ Yes □ No

An Athlete □ Yes □ No

Athletic Department Approval/Signature: ________________________________

As a result of this withdrawal I will be enrolled in □ ________ hours(s)

Withdrawal #: _______ of 5

Advisor Signature (required) _____________________________ Date ______

Student Signature (required) _____________________________ Date ______

Note: Students are responsible for any effect their withdrawal may have on eligibility for graduation, GPA, etc. Students with questions should consult with their advisor.

Distribution: Registrar, Instructor, Advisor.

Rev. (09/13)

Data Entry Date: _____________________________ Entered By: _____________________________