

Class Withdrawal Form						
SECTION A: Student Information						
Student Name						
RU ID Number						
Phone						
Email						
Major						
Term & Academic Year						
Do you receive Veteran's Benefits?	Yes	No				
Are you a RU Athlete?	Yes	No	Athletic Department Approval Signature: _____			
SECTION B: Course Information						
CRN	Course Prefix and Number	Section #	Course Title			
Withdraw # ____ out of 5		As a result of this withdrawal I will be enrolled in ____ credit hours				
SECTION C: Approval						
Student Signature (required)					Date	
Advisor 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.						
CHBS Advising	COBE Advising	CEHD Advising	Waldron Advising	CSAT Advising	VPA Advising	Pre-Major Advising
CHBS 3301	Kyle 244	Peters A104	Waldron 351	Stuart 163	Porterfield 243	Walker 103
Office Use Only						
Date Processed:			Entered by:			