

Class Withdrawal Form			
SECTION A: Student Information			
Student Name			
RUC ID Number			
Phone			
Email			
Major			
Term & Academic Year			
Do you receive Veteran's Benefits?			
SECTION B: Course Information			
CRN	Course Prefix and Number	Section #	Course Title
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.			
Office Use Only			
Date Processed:		Entered by:	

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