

DELAWARE VALLEY COLLEGE
Office of the Registrar

FULL-TIME, PART-TIME & CONTINUING EDUCATION

WITHDRAWAL FROM COURSE

(To be used after Add/Drop Period)

STUDENT NAME _____

ANTIC GRAD DATE _____

STUDENT ID# _____ DATE OF BIRTH ____/____/____

CELL PHONE # _____ MAJOR _____

COURSE ID SECTION TITLE INSTRUCTOR

COURSE ID	SECTION	TITLE	INSTRUCTOR

Reason for withdrawal: _____

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

Registrar's Office Use Only

Grade of "W" Entered By: _____ Date: _____