

WITHDRAWAL PETITION

**WEBSTER UNIVERSITY
OFFICE OF THE REGISTRAR**

PLEASE PRINT — LIST ONLY ONE COURSE PER FORM

Name of Student _____
Last Name First Name / Student Number / Campus

Withdrawal is requested from _____ by the above
named student Dept. No. and Sect. of Course

Reason for withdrawal: _____

Request filed: _____
Date Signature of
Advisor/Coordinator: _____

Last date of attendance: _____
Signature of Student

For office use

Request received in Registrar's Office: _____
Date

Signed: _____
Registrar

Signature of Instructor

Signature of Associate Dean for
Academic Advising

Term _____