

Course Withdrawal Form

Name: _____

Student ID: _____

Term (Semester/Year): _____

Deadline: All course withdrawals must be completed by the end of the tenth week of classes, with exceptions made for medical withdrawals. Courses will be listed on the transcript with a W.

Course Code	Course Title	Credits

My signature below indicates that I have discussed the implications that withdrawing from a course may have on my aid package with the Financial Aid Office of California Lutheran University.

(Signature)

(Date)