

Date: _____

Completion of this form indicates your desire to withdraw from a course or courses for which you are enrolled through the Concurrent Enrollment Program. Your signature on this form indicates that you are aware of and agree to abide by the refund policies outlined in the Concurrent Enrollment brochure and on the Instructor Approval form which you signed when you enrolled in classes under this program. Note: All withdrawals result in a "W" grade notation.

I, _____, request that my enrollment in the following course(s) be withdrawn:

Department	Course Number	Course Title
_____	_____	_____
_____	_____	_____

(signature required)

(ssn—used for identification of records—kept confidential)

Office use: _____ approved _____ refunded _____ withdrawn

6/06/2006

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