



Semester: _____

Withdrawal Form

**Please print clearly*

Student's Name _____ CWID _____
Last First

Address _____ Date _____
Street City State Zip

Home phone _____ E-mail _____
(area code) number

Reason for withdrawal (**Required**):

Last date of Class Attendance: _____
(approximately)

_____ I will return in a future semester.

_____ I will NOT be returning.

**Please use back if extra space needed*

Class Schedule

Course No. Section	Course No. Section	Course No. Section
Ex. ENG 100.001		

*This is a withdrawal from the semester, not the university. This action must be taken by the date stated in the **Academic Calendar** as the last day to withdraw. **It is the student's responsibility to withdraw from classes if they do not plan to attend during the semester in which they have enrolled. When a withdrawal is processed, you will have no remaining courses and no credit hours for the current term. Courses withdrawn are attempted hours and count towards the three-peat, 45-hour and 30-hour rules. Withdrawals do not count toward the 6 drop rule.***

Student Signature Required _____

***Students receiving any of these services must have approval and obtain applicable signatures to withdraw. A withdrawal may affect your financial aid. It is your responsibility to contact the appropriate offices below.**

Financial Aid (Fax: 903-886-5098) _____

Housing (Fax: 903-886-5794) _____

Loan Office (Fax: 903-886-6048) _____

*UC College (Fax: 903-468-6077) _____

**required for Freshmen*

<i>Registrar's Office Use Only</i>	
Date Received	_____
Date Finalized	_____
WD Percentage	_____

Revised 9/11/09

<p>Texas A&M University-Commerce PO Box 3011 Commerce, TX 75429-3011 Fax 903-886-5888</p>
