



Plymouth State University
of the University System of New
Hampshire
Office of the Registrar

For use by Full-time
UNDERGRADUATE students only

WITHDRAWAL

Date:

Name (Please print)

Student ID#

Last <input type="text"/>	First <input type="text"/>	M.I. <input type="text"/>	<input type="text"/>
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Course(s) to be withdrawn from:

CRN	Course ID	Title	Cr.	Signature of Instructor	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A grade of W (withdrawal) will be recorded on the transcript. Withdrawal grades do not contribute to a student's overall or semester grade point average (GPA). However, the credits are counted in the total semester credits **for billing purposes only.**

Students must submit the Course Withdrawal Form to the Registrar after it has been signed by the instructor.

Student Signature

Date

REGISTRATION READMIT/ADMIT TERM _____ SCANNED/INDEXED

* Effective Spring 2010 (201030)