

ADMINISTRATIVE WITHDRAWAL CARD

Student Name: _____ SSN / Banner ID _____

Semester & Year _____ Date _____

Class Call Number (CRN) _____ Class ID (include section #) _____

Instructor's Signature _____

The above student has never attended my class. Therefore, I request that he/she be administratively withdrawn.

Please return to registrars office, or fax: 656-4005

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