



COGS Student Course Withdrawal Form

Date Term Program Banner ID @

Student First Name Student Last Name

Course Title CRN

Course Title CRN

Course Title CRN

Course Title CRN

*NOTE **Withdrawing from all courses in a single term is a withdrawal from COGS for that term.*

Course Director must enter reason & date of withdrawal below for transcript documentation.

Reason for course withdrawal

Date of withdrawal

Student

Date

Course Director

Date

Program Director

Date

Registrar/Assistant Registrar

Date

PLEASE RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR.