WITHDRAWAL FROM COURSE - APPLICATION
(Please press firmly and write legibly)

Withdrawal from a course or courses is at the discretion of the Dean of Students and requires written authorization. Unless such authorization is obtained, a student will receive a failing grade for any course or courses that he or she ceases to attend.

Name_____________________________________________________  Student I.D #____________________________
Last            First    M.I.
Home Phone #: (        )______________________________ Cell Phone #: (        )________________________________

Title of course from which you wish to withdraw: _________________________________________________________

Name of Professor:________________________________  Course #:__________________________________________

Semester you are taking this course: _______________ 20_____  

With the exception of part-time LL.M students, Cardozo students are not permitted to take less than 10 credits.

After the withdrawal, I will be registered for _____ credits.

I hereby request permission to withdraw for the following reason:

__ Health                             __Personal                          __Financial
__Final Semester at Cardozo         __ Other (please specify):_________________________________________

Student Signature: _____________________________________________________   Date: _______________________

This student has notified me of her/his intent to withdraw from my course.

Signature of the Professor _______________________________________________   Date: _______________________

--- FOR OFFICE USE ONLY ---

Action by the Dean of Students:

(     ) Withdrawal is permitted with a grade of “W”.

Date: ______________   Signature of Dean of Students_______________________________________________

White copy to Registrar – Green Copy to Student – Yellow Copy to Dean of Students

(8/05)