



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 _____