

Office of the Registrar 1419 Salt Springs Rd. Syracuse, NY 13214 Phone: (315) 445-4456 Fax: (315) 445-4752

COURSE WITHDRAWAL FORM

(La				Student #:
	ıst)		(First)	(MI)
Class Year:	·			
WITHE)R A W			
Term	Dept.	Course #	Section	Name of Instructor (please print)
on the stude				ester in which the course is enrolled. The course will remain de of 'W' assigned. The grade of 'W' does not calculate in
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