

PLEASE PRINT FIRMLY AND CHECK LEGIBILITY

## villanova university

Office of the Registrar

COURSE WITHDRAWAL

REGISTRAR COPY

PLEASE PRINT ALL INFORMATION

YR./TERM	STUDENT NUMBER	LAST NAME	FIRST	M.I.	COLL.	MAJ.	DATE

CRN	SUBJ	COURSE	SECT	CR

TOTAL CREDITS →

PLEASE ✓ ONE BOX	
WX	W

STUDENT SIGNATURE

APPROVING SIGNATURE

EFFECTIVE DATE