



**RICHMOND**  
THE AMERICAN INTERNATIONAL  
**UNIVERSITY**  
IN LONDON

# Office of the Registrar

Queens Road, Richmond, TW10 6JP, UK  
Tel. +44 (0)20 8332 8201 Fax: +44 (0)20 8332 3050

## Course Withdrawal Form

Semester (please circle): Fall/Spring/Summer I/Summer II 20\_\_

Student ID Number

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Family Name

First Name

Room Number or Own Living Address

*(This form must be completed and taken to the Registrar's Office.)*

### WITHDRAW

Course Code

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Dept & Number

Course Title

Course Code

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Dept & Number

Course Title

Course Code

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Dept & Number

Course Title

Course Code

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Dept & Number

Course Title

Course Code

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Dept & Number

Course Title

*Please Note: You will receive a grade of 'W' on your transcript for the above course(s)*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received/ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_