



RICHMOND
 THE AMERICAN INTERNATIONAL
UNIVERSITY
 IN LONDON

Office of the Registrar
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Course Withdrawal Form

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

Student ID Number	Family Name	First Name
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Room Number or Own Living Address

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

WITHDRAW

Course Code	Dept & Number	Course Title
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

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:** _____