

Email: _____

Syracuse University
College of Engineering and Computer Science

WITHDRAWAL PETITION

Name: _____ SU ID#: _____ Date: _____

Campus Address: _____

Major: _____ Acad. Level: _____ Term/Semester: _____
(i.e. Fall 2009)

I respectfully request permission to withdraw from the following course:

Course: _____ Section: _____ Class Number: _____ Credits: _____
(i.e. PSY 205) (i.e. M002) (i.e. 12345)

Title: _____

I wish to withdraw for the following reasons:

Signature: _____ Date: _____
Student

This form **must** be signed by your instructor of the course before it will be approved, then obtain **all** other signatures.

INSTRUCTOR: Please give your opinion of this student's progress in the course up to the time of withdrawal - either a letter grade or comments. Please do this whether or not you approve the withdrawal. You may approve or disapprove, but please sign. The grade will not be recorded on the official record, but may be used in the College for determination of satisfactory progress.

Comments and/or grade:

Approved: _____ Disapproved: _____ Signature: _____ Date: _____
Instructor

Approved: _____ Disapproved: _____ Signature: _____ Date: _____
Advisor

Approved: _____ Disapproved: _____ Signature: _____ Date: _____
Associate Dean