



Office of the Registrar
 300 Washington Avenue • Chestertown, MD 21620
 PHONE 410-778-7299 • FAX 410-810-7159
 EMAIL registrar@washcoll.edu
 WEB registrar.washcoll.edu

Course Withdrawal Form

This will authorize the Registrar to withdraw me from the following course and to record a "W" grade on my permanent record.

Instructions:

Complete the form, and obtain faculty advisor's signature. Submit the form to Registrar's Office for processing. Course withdrawal deadlines can be found on the academic calendar on the Registrar's webpage (registrar.washcoll.edu).

Please make a copy of the form for your records.

A. Student Information

Last Name	First Name	MI	Washington College ID#

B. Course Information

Department	Course Number	Section	Course Title	Instructor

D. Required Signatures

Faculty Advisor Signature	Date
Student Signature	Date

FOR OFFICE USE ONLY		
Date received: _____	Date Completed: _____	<input type="checkbox"/> Copy to Registrar's Office

