CAMERON UNIVERSITY Request for Administrative Withdrawal

DATE OF REQUEST:

(Requests may be made after the drop/add date and prior to the last date for an Automatic Withdrawal.)

STUDENT NAME:

SEMESTER:

COURSE FORMAT:

CRN	Course Prefix	Course Number	Course Name	Faculty Name

Early Alert sent: \Box Yes \Box No Date(s):

Date of last attendance:

Highest course grade possible at time of withdrawal request:

Percentage of work for the entire course missed at time of withdrawal request: %

I request the assignment of an Administrative Withdrawal for academic reasons for the student and course listed above.

Faculty Member Signature (First CRN)

Faculty Member Signature (Second CRN)

Please attach electronic syllabus and student's early alert roster and forward by e-mail for necessary approvals.

Department Chair	□ Approved	□Disapproved	Date:
Dean	□ Approved	□ Disapproved	Date:
Vice President for Academic Affairs (☐ Approved or Designee)	Disapproved	Date:
Office of the Registrar		Date of grade change en Date of student notificat	•
If approved, distribute to the following Director, Financial Assistance Dean of Students Academic Affairs Coordinator	<u>;</u> :	 □ Faculty Athletic Rep □ International Studen □ Veterans Affairs Coordinate 	t Admissions Coord.
Issue Date: May 7, 2010	Revised: March 23, 2020		

Date

Date

ID No: