

CAMERON UNIVERSITY

Request for Administrative Withdrawal

REASON FOR REQUEST: Non-attendance (start of semester) DATE OF REQUEST: _____
 Inadequate attendance during semester
 Disciplinary reasons
 Financial reasons

STUDENT NAME: _____ CU ID#: _____

SEMESTER & YEAR: _____ COURSE FORMAT: _____

CRN	Course Prefix	Course Number	Course Name	Faculty Name

Attendance taken: Yes No Date(s): _____

Student notified: Yes No Date(s): _____

Date of last attendance (if applicable): _____

Highest course grade possible at time of AW request: _____

Percentage of total evaluative course material missed at time of AW request: _____ %

I request the assignment of an Administrative Withdrawal for the reasons, student, and course(s) listed above.

 Faculty Member Signature (First CRN)

 Date

 Faculty Member Signature (Second CRN)

 Date

Please attach **syllabus** and forward for necessary approvals.

 Department Chair Approved Disapproved Date: _____

 Dean Approved Disapproved Date: _____

 Vice President for Academic Affairs Approved Disapproved Date: _____

 Office of the Registrar Date grade changed: _____ Date student notified: _____

If approved, distribute to the following:

Financial Assistance

Dean of Students

Academic Affairs Coordinator

Faculty Athletic Representative

International Student Admissions Coordinator

Veterans Affairs Coordinator