

UWF ID Number: \_\_\_\_\_ Name: \_\_\_\_\_

UWF Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Semester & Year:  
(*ex. Fall 2017*) \_\_\_\_\_

I am currently living on campus:  YES  NO  
I wish to:  do a partial withdrawal  do a full withdrawal

I wish to withdraw from the following course(s):

CRN	Subj Prefix	Course Number	Title

**Reason for Request:** These withdrawals are only considered when the circumstances cause student displacement such as natural disaster, military orders or other similar, approved event or situation. Each request **MUST** include a **statement** explaining the circumstances surrounding the displacement and reason for your request and **supporting documentation**. Attach additional pages as necessary.

**Required Signature:**

Student:

Date:

Was student unavailable for signature? YES

\* If an individual other than the student is submitting this form and documentation, please print name and sign below. Please explain the reason you are submitting on behalf of this student. Attach additional pages if needed.

Print Name

Signature

Date

REGISTRAR OFFICE USE

Term Code: \_\_\_\_\_ Completed By: \_\_\_\_\_ Date: \_\_\_\_\_