

Office of the University Registrar
 Akron, OH 44325-6208
registrar@uakron.edu

STUDENT INFORMATION (All fields required):			*By signing this form, the student indicates that he/she is responsible for any additional charges caused by a changed schedule.
Student ID #:	First Name:	LastName:	
UA Email:	Phone#:	Current College:	
Signature:			Date:

COURSE DROP/WITHDRAWAL			Term:	Year:	Career:	Undergraduate	Graduate	Law	
Class Number	Course# (Subject)(Catalog)(Sec)	Course Title	Units	DROP (through 14 th day)	WITHDRAWAL (after 14 th day)	WITHDRAWAL already processed	Count in WD totals	DO NOT count in WD totals	College where course resides
				Check one box			Initial one box		
75201	492 001	Example Course							

Policy for Retroactive Withdrawal

1.

2.

3.

4.