



# AZM UNIVERSITY

## COURSE WITHDRAWAL REQUEST FORM

Name ..... ID# .....  
Last First Middle

Faculty ..... Major ..... Semester/Year .....

I wish to be withdrawn from the following course(s):

| Course # | Course Title | Instructor's Name | Credits |
|----------|--------------|-------------------|---------|
|          |              |                   |         |
|          |              |                   |         |
|          |              |                   |         |

Student's Signature: ..... Date: .....

Instructor's Signature: ..... Date: .....

Advisor's Signature: ..... Date: .....

### Registrar's Office Use Only:

Date Received .....  Approved  
Date Processed .....  Return to Advisor  
Processed By ..... Signature .....