

COMPLETE WITHDRAWAL

Name: Last, First, Middle	ID Number	Term
College <input type="checkbox"/> AS <input type="checkbox"/> CCB <input type="checkbox"/> ENS <input type="checkbox"/> HS <input type="checkbox"/> GR <input type="checkbox"/> LW	Major	
ADVISING OFFICE USE ONLY: <input type="checkbox"/> Delete <input type="checkbox"/> Withdraw		

Reason for withdrawal:

Student Signature	Date
Collegiate Advisor Signature	Date

(Digital signatures are not accepted. Form can only be processed with your signature or a confirmation email from your assigned TU Email Account)

Office of the Registrar