Campbell University
Extended Campus Education
Course Withdrawal Form

Date: ______________

Instructor’s Name: _____________________________________________________________

___________________________________ requests withdrawal from your course
(Student’s Name) effective ____________________________ (Course) (Date)

for the following reason: _________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

ATTACH ANY SUPPORTING DOCUMENTATION AND RETURN TO
ADMINISTRATIVE OFFICE

Student’s Signature: __________________________________________________________________

Form Completed by: _________________________________________ (Admin Office Personnel)

NOTE TO STUDENT: Assignment of grade is an instructor’s responsibility. Regardless of the
grade assigned, the student remains financially responsible for tuition costs.

TO BE COMPLETED BY INSTRUCTOR
(Keep designated copy for your records and return original to administrative office)

Last date of attendance: _______________________________

Instructor Comments: __________________________________________________________________

Grade assigned: ___________ (WP or WF)

______________________________________________________________________________

Instructor’s Signature __________________________ Date ____________________________

White: Original Yellow: Instructor Pink: Student