COURSE WITHDRAW FORM

جامعة أبوظبي
ABU DHABI UNIVERSITY

Student Data

FULL NAME:

ID: | **COLLEGE:** | **DEPT./MAJOR:**

Semester/Term: Fall ☐ Winter ☐ Spring ☐ Summer ☐A☐ ☐B☐ ☐C☐ | **CAMPUS:** Abu Dhabi ☐ Al Ain ☐

HOME NUMBER: | **MOBILE NUMBER:** | **E-MAIL:**

Courses WITHDRAW From Your Class Schedule

Course Title	Course Code	Section	Credit Hours	Permission (if required)	Registration Status

____ % REFUND   ____ TOTAL CREDIT HOURS

Comments

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Authorization

Student's Signature:	Date:
Academic Advisor's Signature:	Date:
Dean's or Designate Approval (if required):	Date:

Registrar's Office Authorization

Received by:	Date:
Registration Operator:	Date:

Original: Student   Yellow: Student's file   Pink: Finance   Green: Advisor