

REQUEST FOR LATE WITHDRAWAL

Complete this form and obtain the signature of the course instructor.

Once completed, submit this form to your college level Assistant Dean.

Student Name:		<i>ID</i> #:		
Advisor:	Major: _			
Phone:	<i>IUP Em</i>	nail:		
Date Form Released :	Date Fo	Date Form Due :		
		ow this may affect my financial aid/insurance none: 724-357-2218; Email: financial aid@iup.edu		
Justification(s) for this request is as	follows:			
Student's Signature:		Date:	<u> </u>	
I am requesting permission to <u>WITHD</u> CRN Number Coun				
Instructor Signature:		Print Name:		
☐ Recommended*	☐ Denied	Date:	_	
Comments:			-	
*NOTE: The instructor's recommenda approval by the Assistant Dean.	tion for late withdra	rawal does not necessarily reflect the final		
Dean's Office Action : □ Approved	☐ Denied Sign	nature: / Assistant Dean	Date	
	Entered in R	BANNER by:		