

Students withdrawing from all classes must complete a University Withdrawal Form.

Student Information

Name: _____ Student ID: _____
Last First MI

Phone: _____ Email: _____

Year: _____ Semester: Fall Spring Summer Interterm

Course Information

NOT OFFICIAL UNTIL PROCESSED BY THE REGISTRAR'S OFFICE

ADD	Course #	Section	Course Title	Cr Hrs	Instructor Signature*	

**Closed class override only*

DROP	Course #	Section	Course Title	Cr Hrs	

If you are receiving financial aid, please consult a Financial Aid Representative to determine whether this action will affect your aid.
 If you are a student athlete, please consult your coach to determine whether this action will affect your eligibility.

Submission: In Person: Constant Hall Rm 1 - By email: records@bakeru.edu

Approval

 Student Date

 Dean (overload and/or registration exceptions only) Date

<p>Cr Hrs Before Changes: _____</p> <p>Cr Hrs After Changes: _____</p>

Consultation Acknowledgement

 Advisor Date

 Coach (Athletes Only) Date

Registrar's Office Use Only
<p>Processed by: _____</p> <p>Date: _____</p>