

Please print clearly.

This form will not be processed if information is incomplete or inaccurate.

Submit this form to the Academic Center offering the course no later than the deadline date published in the Schedule of Classes for the term.



University of Pittsburgh

MONITORED WITHDRAWAL REQUEST

Social Security Number									
				-				-	

STUDENT LEVEL	
<input type="checkbox"/>	UNDERGRADUATE
	01

<input type="checkbox"/>	GRADUATE
	02

YEAR	
<input type="checkbox"/>	FALL
<input type="checkbox"/>	SPRING
<input type="checkbox"/>	SUMMER

Student Name (Last, First, M. I.)	Academic Center offering the course
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CRN	CRN of Linked Lab (If Applicable)	CRN of Linked Recitation (If Applicable)
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Subject	Course Number	Course Title
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**I affirm my decision to withdraw from the above course, and to accept the " W " grade.
I understand that there will be no tuition adjustment for withdrawing from this course.**

Student's Signature	Date
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Instructor's Signature	Date
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Signature of Academic Dean offering the course	Date
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