



Records and Registration
Administrative Withdrawal/Deletion Request

Date: _____

Requestor: _____

Student's Name: _____

SUSLA Student ID#: _____

This is to document the "**Administrative Withdrawal or Deletion**" of the student referenced above from the following course(s) for the specified semester.

Effective Term: Year _____ Semester: Fall Spring Summer LPN

This action is requested due to:

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Check the appropriate reason below:

Academic (*This is an administrative withdrawal request. When processed, a "W" grade will be posted to the record.*)

CRN	Course Prefix	Course Number	Section Number	Last Date Attended	Faculty's Signature <i>(Academic Reason Only)</i>

Fiscal (*This is an administrative deletion request. When processed, all charges and courses will be deleted from the record.*)

CRN	Course Prefix	Course Number	Section Number	Reason for Administrative Drop Request

NOTE: Please attach a copy of the student's course schedule if this request is for more than two courses.

<input type="checkbox"/> Check this box if this is a request to have ALL courses administratively dropped.

Judicial (*This is an administrative withdrawal request. When processed, a "W" grade will be posted to the record.*)

<input type="checkbox"/> Check this box if this is a request to have the student withdrawn from ALL courses.

NOTE: All reasons require all signatures. Upon receipt in the Registrar's Office, a copy of this form will be forwarded to the Office of Financial Aid and Business Office.

Requestor's Signature/Date

Academic Dean's Signature/Date

Approve Disapprove

Approve Disapprove

Vice Chancellor for Academic Affairs' Signature/Date

Chief Finance Officer's Signature/Date

Registrar's Office Use Only
Date Processed:
Processed by: