



REQUEST FOR EXCUSED WITHDRAWAL

***Submit the completed form and supporting documentation to the Vice Chancellor of Student Affairs or Designee.
*This policy is effective Fall 2018.**

Student Information

Name: _____ **Student ID:** _____
Last First M.I. Student ID

Address: _____
Address City State Zip Code

Phone: _____ **Email:** _____

Term: **Fall** **Spring** **Summer** **Year 20** _____

Course(s):	Grade(s):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reason for request (must have documentation): _____

Vice Chancellor for Student Affairs Use Only

Approved **Denied**

X _____
Vice Chancellor for Student Affairs or Designee

Date