

**WITHDRAWAL PETITION**

**PLEASE PRINT - LIST ONLY ONE COURSE PER FORM**

Name of Student \_\_\_\_\_

Last Name

First Name

Student Number

Campus

Withdrawal is requested from \_\_\_\_\_  
named student.

by the above

Dept. No. and Sect. of Course

Reason for withdrawal: \_\_\_\_\_

Request filed: \_\_\_\_\_

Date

Signature of

Advisor/Coordinator: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

Signature of Student

**For office use**

Request received in Registrar's Office: \_\_\_\_\_

Date

Signed: \_\_\_\_\_

Registrar

Signature of Instructor

Signature of Associate Dean for  
Academic Advising

Term \_\_\_\_\_

Once you have printed and signed this form you must get the other appropriate signatures on it before returning it to the registrar's office at Webster University Registrar's Office Loretto Hall 63 St. Louis, MO 63119