

**WITHDRAWAL PETITION**

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

Name of Student \_\_\_\_\_  
Last Name First Name Student Number Campus

Withdrawal is requested from \_\_\_\_\_ by the above  
named student. 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

Term \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Signature of Associate Dean for  
Academic Advising

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