



5 HFRUGV DQG 5 H J
 Administrative Withdrawal/Deletion Request

Date _____

Requestor: _____

Student's Name: _____

SUSLA Student ID#: _____

This is to document the ~~the \$ G P L Q L V W U D W L o r D e l e t i o n o f t h e s t u d e n t o f~~ 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:

--

Check the appropriate reason below:

Academic (This is an administrative withdrawal request. When processed, ~~D 3: ' J U D G H Z L t o b e r e d r o S R V W~~ all charges and courses will be deleted from the record.)

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

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.

Check this box if this is a request to have ALL courses administratively dropped.

Judicial (This is an administrative withdrawal ~~U H T X H V W : K H Q S U R F H V V H G D 3: ' .) J U D G H~~ request. When processed, all charges and courses will be deleted from the record.)

Check this box if this is a request to have the student withdrawn from ALL courses.

NOTE: All reasons require 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