

Student name:	
Student I.D.:	Date
Student Department:	
Student Request: Professor note	
This form serves as supplemental documentation to your student request. It should a retroactive withdrawal for either a refund (DNE) or an academic withdrawal	
Instructions:	
 Please submit this form to your professor(s) who taught the course(s) from w Once duly completed, submit this (these) form(s), along with your Student Read and any other supporting documentation to your department advisor. 	•
This section to be completed by the course professor:	
Your student is requesting a retroactive withdrawal from your course. Please provide the following information:	
Your name:	
Your course:	
Dept number section term	
Please describe your student's attendance in this course (did the student attend from the beginning, consistently, sporadically, etc.?):	
Please describe your student's participation in this course (did the student submit assignments, do mid-terms/quizzes, the final, etc.?):	
Were you aware of the situation that caused your student to withdraw from the course?	
To the best of your knowledge, when did the student stop attending?	