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Independent Study through Correspondence Courses

**CORRESPONDENCE COURSE  
WITHDRAW REQUEST FORM**  
(This form used only for courses outside the current term.)

Please withdraw me from the following correspondence course(s). I understand that the NR currently on my transcript for the course(s) will be replaced with a “W”. No refund will be issued.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

University ID#: \_\_\_\_\_

Course title and number: \_\_\_\_\_

Registration term: \_\_\_\_\_

CRN: \_\_\_\_\_ Sec#: \_\_\_\_\_

Student Signature: \_\_\_\_\_

***Please return the completed form to the Independent Study Office by email, fax, or in person using the contact information below.***

*Office use only*

*Date “W” reported to the records office:* \_\_\_\_\_

*Activity Date:* \_\_\_\_\_