SV SU SAGINAW VALLEY STATE UNIVERSITY

OFFICE OF THE REGISTRAR

Course Withdrawal Form

LAST NAME	FIRST NAME	INITIAL	STUDENT NUMBER

CURRENT ADDRESS (STREET/DORM)	CITY	ZIP CODE

LINE NO.	DEPT/COURSE	SEC. NO.	CREDITS	COURSE TITLE

☐ **Check if you are receiving veteran's benefits.**
• *Please visit **Military Student Affairs** prior to submitting your form to the Registrar's Office.*

☐ **Check if you are receiving financial aid.**
• *Please visit **Campus Financial Services** prior to submitting your form to the Registrar's Office.*

STUDENT SIGNATURE	*Date completed form is received in Registrar's Office becomes the effective date for grading and refunds.*

REGISTRAR USE ONLY

DATE RECEIVED	NAME	DATE PROCESSED	NAME

INSTRUCTOR NAME	RECORDED GRADE
	W

0507018

DISTRIBUTION: 1. White, Registrar   2. Yellow, Instructor   3. Pink, Financial Aid   4. Goldenrod, Student