



Withdrawal from Class

Registrar's Office

1435 N. Glenstone Ave.
 Springfield, MO 65802
 Phone (417) 268-1025, Fax (417) 268-1030
records@agts.edu

Please complete every field below, sign, obtain advisor's signature, and submit to the Registrar's Office for processing. (You may withdraw from a course up until the end of the 11th week of the fall or spring semester.)

Name _____ Fee \$ _____ Date _____

Student Number _____ Semester _____

I REQUEST PERMISSION TO WITHDRAW FROM THE FOLLOWING COURSE:

Course Letters	Course Number	Sect	Course Title	Course Credit Hours	Instructor
					Total Hours

Total hours BEFORE withdrawal _____ Total hours AFTER withdrawal _____

Reason for withdrawal _____

APPROVED:

Student's Signature _____

1) Advisors' Signature _____

Office Use Only:

Date entered _____ Entered by _____ Degree code _____