

Withdraw from Class

Records Office

1435 N Glenstone Ave • Springfield MO 65802
Phone (417) 268-1026 • Fax (417) 268-1030
records@agts.edu

- Student:** Fill in requested information; sign, obtain required signatures, return to Records Office.
Professor: Indicate last date student attended class; sign.
Advisor: Sign your approval of request for withdrawal.

Student name _____ Date _____
 SSN or Student ID _____ Semester _____

Check one: Student request to withdraw Administrative withdrawal

Dept Prefix	Course Number	Sect	Course Title	Credit Hours	Professor

Reason for withdrawal _____

Professor signature _____ Grade assigned: W WP WF

Last day of attendance/contact _____

Student signature _____

Advisor signature _____

Total semester hours **BEFORE** withdrawal _____ Total semester hours **AFTER** withdrawal _____

Last day to withdraw from class (student initiated)

- Fall, spring, summer semesters – end of week 10 (W); end of week 14 (WP, WF)
- Eight-week sessions – end of week 5 (W); end of week 7 (WP, WF)
- Five-week sessions – end of week 3 (W)
- Two-week sessions and modules – end of week 1 (W)

Office use only

Date received _____ Date entered _____ Entered by _____ Degree code _____