Administrative Withdrawal

Name of Instructor submitting request: _ _____

_____

Student Last Name Student First Name Middle Int.

_____ _____

Student ID/SSN DOB

A student who misses more than twice the number of weekly meetings of class **MAY** be withdrawn from the course by the instructor:

This student has missed _____ days of class.

Department and Course Number	Course Title	Instructor

DATE

Instructor contact to student – warning about absences _____

Instructor contact to student - when request to withdraw _____
is submitted to Registrar/Admissions Office

Faculty please submit completed form to adminforms@asumh.edu

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Registrar/Admissions Office Use Only

Date student was withdrawn from the Registrar/Admissions Office _____