HAMPTON UNIVERISTY
OFFICE OF THE REGISTRAR

Term: ____ Fall ____ Spring ____ Summer

Major _____ Year _____

COURSE WITHDRAWAL FORM

CURRENTLY RECEIVING VETERANS BENEFITS: _____ YES _____ NO

PLEASE PRINT

LAST NAME FIRST MI Student ID Number

LOCAL ADDRESS CITY STATE ZIP LOCAL PHONE #

HU E-MAIL ADDRESS _____

REASON FOR WITHDRAWAL: _____

_____

ONE COURSE PER FORM

Instructor must circle WP (Withdrawal Passing) or WF (Withdrawal Failing)* **AND *Initial*

DEPT.	COURSE NUMBER	COURSE SECTION	CREDIT HOURS	NAME OF INSTRUCTOR (PRINT)	GRADE	INSTRUCTOR'S INITAILS
					WP*	
					WF*	

Signature of Student Date

Signature of Instructor Date

Signature of Advisor Date

Signature of Major Chairperson Date