

**WITHDRAWAL PETITION**

**WEBSTER UNIVERSITY  
OFFICE OF THE REGISTRAR**

**PLEASE PRINT — LIST ONLY ONE COURSE PER FORM**

Name of Student \_\_\_\_\_  
Last Name First Name / Student Number / Campus

Withdrawal is requested from \_\_\_\_\_ by the above  
named student Dept. No. and Sect. of Course

Reason for withdrawal: \_\_\_\_\_

Request filed: \_\_\_\_\_  
Date

Signature of  
Advisor / Coordinator: \_\_\_\_\_

Last date of attendance: \_\_\_\_\_

Signature of Student

**For office use**

Request received in Registrar's Office: \_\_\_\_\_  
Date

Signed: \_\_\_\_\_  
Registrar

Term \_\_\_\_\_

Signature of Instructor

Signature of Associate Dean for  
Academic Advising