



REGISTRAR

(mail) 84 West South Street | Wilkes-Barre PA 18766  
(office) Capin Hall, 165 South Franklin Street | Wilkes-Barre PA 18766  
1-800-WILKES-U, x4961 (T) | 570-408-4004(F) | registrar@wilkes.edu

**NOTICE OF INTENT TO  
WITHDRAW FROM A COURSE 2<sup>ND</sup> THROUGH 10<sup>TH</sup> WEEK OF SEMESTER**  
*(A "W" grade will show on your record for all withdrawn courses.)*

**PLEASE COMPLETE AND FORWARD TO THE WILKES REGISTRAR'S OFFICE.**

Date \_\_\_\_\_

Student Name \_\_\_\_\_

WIN \_\_\_\_\_

**DROP** \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer of 20\_\_\_\_\_

CRN	Course	Number	Section

\_\_\_\_\_  
**Last date of Attendance**  
*To be completed by instructor.*

\_\_\_\_\_  
**Instructor's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Advisor's signature**

\_\_\_\_\_  
**Date**