



REGISTRAR

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**NOTICE OF INTENT TO
WITHDRAW FROM A COURSE AFTER THE 10th WEEK OF SEMESTER**
(A "W" will appear on your record for all courses withdrawn during this time period.)

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

Date _____

Student Name _____ WIN _____

Effective ____ Fall ____ Spring ____ Summer semester of 20____.

DROP

CRN	Course	Number	Section

Faculty comments _____

Faculty signature

Date

Dean's signature

Date

(Dean of the School in which the course resides)

_____**APPROVED** _____**NOT APPROVED**

cc: Registrar, Faculty Member, Dean of the School, Advisor