

HAMPTON UNIVERSITY  
OFFICE OF THE REGISTRAR

Term: 20\_\_ Fall\_\_ Spring\_\_ Summer\_\_  
Major: \_\_\_\_\_ Grad. Year: \_\_\_\_\_

**COURSE WITHDRAWAL FORM**

ARE YOU CURRENTLY RECEIVING VETERAN BENEFITS?       YES       NO

PLEASE PRINT

ID:

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE INITIAL

\_\_\_\_\_  
LOCAL ADDRESS                                      CITY                      STATE                      ZIP                      LOCAL PHONE #

HU E-MAIL ADDRESS: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

**ONE FORM PER COURSE**

\*Instructor must circle WP (withdrawal passing) or WF (withdrawal failing) **AND** initial beside grade

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Major Dept. Chairperson's Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	
Original Credit Hours	_____
Revised Credit Hours	_____
Processor's Signature	_____
Date Processed	_____