

Please print clearly.

This form will not be processed if information is incomplete or inaccurate.

Submit this form to the Academic Center offering the course no later than the deadline date published in the Schedule of Classes for the term.



University of Pittsburgh

MONITORED WITHDRAWAL REQUEST

| |
|----------------|
| PeopleSoft No. |
| |

STUDENT LEVEL

UNDERGRADUATE 01

GRADUATE 02

YEAR

FALL

SPRING

SUMMER

| | |
|-------------------------------------|-------------------------------------|
| Student Name (Last, First, M. I.) | Academic Center offering the course |
|-------------------------------------|-------------------------------------|

| | | |
|-----|-----------------------------------|--|
| CRN | CRN of Linked Lab (If Applicable) | CRN of Linked Recitation (If Applicable) |
| | | |

| | | |
|---------|---------------|--------------|
| Subject | Course Number | Course Title |
| | | |

**I affirm my decision to withdraw from the above course, and to accept the " W " grade.
I understand that there will be no tuition adjustment for withdrawing from this course.**

| | |
|---------------------|------|
| Student's Signature | Date |
|---------------------|------|

| | |
|------------------------|------|
| Instructor's Signature | Date |
|------------------------|------|

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|--|------|
| Signature of Academic Dean offering the course | Date |
|--|------|