



Colorado State University – Pueblo
CLASS WITHDRAWAL

On Campus Continuing Education Course Semester _____ Year _____

Initiated by: Student Instructor Course Name _____

After 60 percent of the course duration has passed, a student **may not** be withdrawn from that course.

Name _____ P.I.D. # _____
(Last) (First) (MI)

Call # _____ Dept. & Course # _____ Instructor Name: _____

Student Signature _____ Date: ____/____/____

Instructor Signature (If Instructor Initiated) _____ Date: ____/____/____

Chair/Dean Signature (If Instructor Initiated) _____ Date: ____/____/____

Distribution: White~Records Office Yellow~Instructor Pink~Student

Revised 03/2008



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