

EVANGEL UNIVERSITY
Records & Registration

For Office Use Only	
Processed By _____	Date _____
Total Hours _____	

PERMISSION TO WITHDRAW

Student ID _____ Semester _____ Year _____

Name (Please Print) _____ Date _____

Course Code	Course Number	Section Number	Credit Hours	Correct Grade W-WP-WF	Instructor's Signature and Date

Correct Grade: W (first 9 weeks only) **Withdraw Passing or Withdraw Failing** (weeks 10 through 14 only)

Percent of Refund

Approved _____ wk2 - 75% wk 3 - 50% wk4 - 25% wk5 & after - 0%
Advisor's Signature

Instructions: This form is to be used for withdrawing from a class. The form must have all signatures to be accepted. Print this form, complete, and return it to: Records and Registration, Evangel University 1111 N. Glenstone Avenue ♦ Springfield, MO 65802.