

Withdrawal Form UTRGV

Student Information

Student Name: _____

Student ID: _____

Degree Program: _____

College: _____

Withdrawal Information

Effective Date of Withdrawal: _____

Reason for Withdrawal: _____

Course Withdrawal Details

Course Code	Course Title	Instructor Name	Withdrawn On

Certification

I certify that the information provided is true and accurate.

Student Signature: _____

Date: _____