Office of the
University Registrar
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____
Required

DROP/WITHDRAWAL FORM

Instructions: Courses will only be dropped from your academic record if this form is submitted before the end of the Drop/Add period (refer to Academic Calendar). After the Drop/Add period, submission of this form will result in a withdrawal and the course will remain on your academic record with a "W" for the grade. ***Incomplete forms will not be processed.***

Term: ☐ Fall _____ ☐ Spring _____ ☐ Summer _____
(Year) (Year) (Year & Session)

Student Name: _____

Please drop this class:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	

Please drop this class:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	

Please drop this class:

Class #	Subject	Catalog #	Section	Course Title
Time	**Room**	**Credits**	**Instructor's Printed Name**	

Student's signature/Date (required): _____

Signature of Spec. Assistant or designee (if applicable): _____

Office Use Only

Processed by: _____ Date: _____