HAMPTON UNIVERSITY
OFFICE OF THE REGISTRAR

Term: 20 ___ Fall ___ Spring ___ Summer ___
Major: _____ Grad. Year: _____

COURSE WITHDRAWAL FORM

ARE YOU CURRENTLY RECEIVING VETERAN BENEFITS? ___YES ___ NO

PLEASE PRINT

ID:

LAST NAME **FIRST NAME** **MIDDLE INITIAL**

LOCAL ADDRESS CITY STATE VA ZIP LOCAL PHONE #

HU E-MAIL ADDRESS: _____

REASON FOR WITHDRAWAL: _____

ONE FORM PER COURSE

*Instructor must circle WP (withdrawal passing) or WF (withdrawal failing) **AND** initial beside grade

DEPT.	COURSE NUMBER	COURSE SECTION	CREDIT HOURS	NAME OF INSTRUCTOR (PRINT)	GRADE	INSTRUCTOR'S INITIALS
					*WP	
					*WF	

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Major Dept. Chairperson's Signature _____ Date _____

OFFICE USE ONLY

Original Credit Hours _____

Revised Credit Hours _____

Processor's Signature _____

Date Processed _____