



Class Withdrawal Form

Student Services Center

Name: _____ APU ID#: _____

APU Box #: _____

Check if you are planning to graduate this semester

Phone number: _____ Email: _____

Reason for withdrawal: _____

Student signature: _____ Date: _____

Total units remaining AFTER withdrawing from the class(es) listed below: _____ (must be greater than 0*)

****If this change leaves you registered for 0 units, do not turn in this form. You must fill out a University Withdrawal form.***

Term	Class #	Course	Course Title	Units	Instructor Signature

Required: Please obtain the signatures that apply to you

International Student Services: _____ Athletic Office (varsity athletes): _____

Office Use Only Completed by: _____ Date: _____