Class Withdrawal Form
One Stop | Undergraduate Enrollment 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.

<table>
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<tr>
<th>Term</th>
<th>Class #</th>
<th>Course</th>
<th>Course Title</th>
<th>Units</th>
<th>Instructor Signature</th>
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Required: Please obtain the signatures that apply to you

International Student Services: ____________________________  Financial Aid: ____________________________
Athletic Office (varsity athletes): ____________________________  VA Coordinator: ____________________________

Office Use Only
Completed by: _________  Date: ______________

One Stop (White)  Department (Yellow)
revised 8/12