



# 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.***

Term	Class #	Course	Course Title	Units	Instructor Signature

**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: \_\_\_\_\_