

# UNIVERSITY OF THE SCIENCES IN PHILADELPHIA

## REGISTRAR'S OFFICE

Email: registrar@usp.edu

### COURSE WITHDRAWAL REQUEST

This form must be completed and submitted to the Registrar's Office no later than the end of the **Eighth Week** of the semester or equivalent period for summer session. The designation "W" (Withdrew; no point value; not included in calculation of GPA) will be assigned after completion and submission of this form.

\_\_\_\_\_, \_\_\_\_\_ MI \_\_\_\_\_  
Last Name First Name USP ID#

\_\_\_\_\_  
Major Class Level (circle one): 1 2 3 4 5 6 Grad

Term: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

I request to withdraw from the following course:

\_\_\_\_\_  
Subject Code Course # Sect. # Course Title

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Program  
Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for 1<sup>st</sup> and 2<sup>nd</sup> Year)

White – Registrar's Office

Yellow – Instructor

Pink – Advisor