University of Lethbridge Registrar's Office 4401 University Drive Lethbridge, Alberta T1K 3M4 Fax: 403-329-5159 Phone: 403-320-5700

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COURSE WITHDRAWAL FORM

University of Lethbridge ID Number:	Effective Term: o Fall 20 o Sprin		
Last Name:	First Name:		
WITHDRAWAL	I		
Course Subject and Number (e.g. WRIT 1000)	Section (e.g. A)	CRN (e.g. 10010)	
HELPFUL TIP: If you are withdrawing from a course that has a lab and/or tuntuorial. DECLARATION I understand that once I submit this form by the with a grade of 'W' (withdrawal) and this does not be declare Withdrawal with Cause 'WC', please once complete, please save this form and attached address or submit a paper copy to the Lethbrid	withdrawal deadline, the course(not affect my GPA. consult with an Academic Advalt to an email addressed to rege Registrar's Office (SU140) of	s) above will remain on my transcript isor or your Supervisor. goffice@uleth.ca from your '@uleth.ca' email	
Statem signature required ty submitting pu	рег сору	Dute	
Advisor signature required if submitting withdrawal with cause		Date	
The personal information on this form is collected under the authority of the (Alberta). Your information will be used for admission, registration, schol contacting you about University courses and services; and operating other University to carry out its mandate and operations. Specific data will be direquirements. For questions on the collection, use and disclosure of this inf 3M4; email: foip@uleth.ca; tel: 403-332-4620.	arships and awards administration; academic pr University-related programs. The University of sclosed to the relevant student associations, and	ogress monitoring, planning and research; alumni relations; Lethbridge may share and disclose information within the to the federal and provincial governments to meet reporting	
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