

# villanova university

Office of the Registrar

COURSE WITHDRAWAL

PLEASE PRINT ALL INFORMATION

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YR./TERM	STUDENT NUMBER	LAST NAME	FIRST	M.I.	COLL.	MAJ.	DATE
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CRN	SUBJ	COURSE	SECT	CR

PLEASE ✓ ONE BOX	
WX	W

TOTAL CREDITS →

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STUDENT SIGNATURE

APPROVING SIGNATURE	EFFECTIVE DATE
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