Copies:

* College/Department
* ARD
* Finance Office
* Student

Administrative course withdrawal

* *To be used as per the Instructor's request when the student's total absences exceed 10%of unexcused absences or 15% with an excuse.*

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| Student Name |  | Academic Year |  |
| Student ID |  | Semester |  |
| Program |  | College |  |

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| **Code** | **Course Title** | **Section** | **Credit** | **Instructors signature** | **Date** |
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| Department Chair's Signature: | Date: |
| Finance Signature*:* | Date: |
| Scholarship Officer Signature: | Date: |
| ARD Officer Signature: | Date: |