

Class Withdrawal Form

SECTION A: Student Information

Student Name		
RU ID Number		
Phone		
Email		
Major		
Term & Academic Year		
Do you receive Veteran's Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a RU Athlete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Athletic Department Approval Signature: _____

Are you an International Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	McGlothlin Center for Global Education and Engagement Approval _____
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