

Request to Withdraw from a Class After the Deadline

For instructions visit boisestate.edu/registrar/student-forms/request-to-withdraw-from-a-class-after-the-deadline-form

Student Information

Student Name	Phone Number	Student ID	
Mailing Address	City	State	Zip
Email Address			

Course Information

I am requesting approval to withdraw from the following course:

	n requesting approval to wit		following course.		
Ĺ	5-Digit Class Number	Subject and	d Catalog Number*	Section	Session
	*Please note: associated lab	s that are listed	l as co-requisites of t	his course will als	so be withdrawn.
F	For the following semester:	Fall	Spring	Summer	Year
Stud	lent Signature (Require	d)			
S	Student Signature				Date
	rse Instructor Approva ent is responsible for obtaini				
	I support the wit	hdrawal			
	l do not support	the withdrav	val		
Course Instructor (print name)			Student's grade at the withdrawal deadline		
C	Course Instructor Signature				Date
	ociate Dean Approval a ent is responsible for obtaini				
	I support the with	ndrawal			
	l do not support	the withdraw	val		
Þ	Associate Dean of college of	fering the cours	e (print name)		
Associate Dean Signature				Date	