AGS Form WPF(2021)

ALLIANCE GRADUATE SCHOOL

APPLICATION FOR COURSE WITHDRAW PASS OR FAIL

Date: _____

Semester: _____ School Year: 20___-20___

Name: _____ Student ID No.: _____

Course Title: _____

Professor Name: _____

Reasons for Withdraw: _____

_____
Student's Signature over Name

Approved by:

_____ _____ _____ _____
Professor's Signature over Name | Date | Academic Dean | Date

Noted by:

_____ _____
Registrar | Date