

# Academic Appeals Form RETROACTIVE WITHDRAWAL

Registrar Staff sign and date this form: \_\_\_\_\_  
Signature Date

Fill-In Information Below:

Student Name \_\_\_\_\_ CWID \_\_\_\_\_

OFFICE OF  
THE REGISTRAR Home Address: \_\_\_\_\_  
Phone: 5025976340 Street City State Zip  
Fax: 5025976239 State j 0.006y( 1.74 ( cs 0Tj 0 T 0..4.C...4.Dfa\_-7 (t)-4 (eSpan)Tj 0.001 9c -0.0016.79 )Tj /\_\_\_ Tc 0 Tw (-)