



WESTERN MICHIGAN UNIVERSITY

# Drop/Withdraw Course Form

Please print clearly

WMU Identification Number: \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Semester you are requesting  Fall  Spring  Summer I  Summer II Year: \_\_\_\_\_

Name: \_\_\_\_\_

Last name

First Name

MI

Former Name

Course Reference Number	Subject	Course Number
Example: 43028	MATH	1180

Office of the Registrar Use Only

Representative's Initials: \_\_\_\_\_

**Please Sign** Signature: \_\_\_\_\_ Date: \_\_\_\_\_