

Program	Unit/Department	Degree Type	Student Number
FGS – 16			

**Student Name (Last, First)** \_\_\_\_\_

**ADDED**

Course Number	Section	CRN	CRN	Grade Mode	Term	Year	Comment

Voluntary Withdrawal from entire program effective: \_\_\_\_\_  
(MM/DD/YYYY)

**Unit/Department Comments**

**DROPPED (VW)**

Course Number	Section	CRN	CRN	Grade Mode	Term	Year	Comment

**FGS Comments**

**CHANGED**

Course Number	Section	CRN	CRN	Grade Mode		Term	Year
				From	To		

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**Registrar's Office Comments**

**SIGNATURES**

**DATE** (MM/DD/YYYY)

Student \_\_\_\_\_  
 Department/Unit Head/Grad Chair \_\_\_\_\_  
 FGS \_\_\_\_\_  
 Registrar's Office \_\_\_\_\_

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