

Committee on Academic Policy and Standards

Application to Withdraw from Class(es)

Student's Signature _____

Last Name		First Name	_ First Name	
CUNY First Identifica	tion Number			
Semester and Year		Are you withdraw	_ Are you withdrawing from all courses? \square Yes \square No	
Courses to be Withd	lrawn from (W Grade)			
Course	Number	Section	CUNY First Class No.	
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