

Registrar's Office C.B. Hedgcock, Room 2202 1401 Presque Isle Avenue Marquette, Michigan 49855 (906) 227-2278 (906) 227-2231 Fax schedule@nmu.edu

## Administrative Withdrawal Request

## **Policy Statement:**

At the discretion of individual departments and/or instructors, students who have not attended through the first four days of the semester (or its equivalent) of a class and who have failed to contact the instructor may be dropped from the class roster. Since this is an optional action on the part of the departments, students who wish to drop a class should do so themselves.

Date:	
Student Name:	
IN#:	
Course ID:	
Course Registration Number (CRN):	
I verify that this student has not attended the course listed above and request that, accordance with University Policy, the student be administratively withdrawn from the cour	
I have notified this student, as required, that they are being dropped from my coun	se.
Instructor Name:	
Instructor Signature:	

FORM MUST BE RECEIVED IN THE REGISTRAR'S OFFICE BY 5 P.M. THE TUESDAY OF THE SECOND WEEK OF THE SEMESTER. Forms received after this date/time will not be processed.

Please send form as an e-mail attachment to schedule@nmu.edu.