

REQUEST FOR LATE WITHDRAWAL**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

Students use this form to withdraw from *individual* classes only,
If you are withdrawing from the College Entirely, please fill out the Withdrawal Clearance Form.

☐ FALL ☐ SPRING Year: _____

STUDENT NAME: _____ CWID: A _____

COURSE PREFIX/NO/SECTION	COURSE TITLE	PRINT INSTRUCTOR'S NAME

SPECIAL OR MITIGATING CIRCUMSTANCES ARE REQUIRED

Student: list details of special circumstances that prevented you from submitting a withdrawal form during the published withdrawal dates, such as medical emergency (attach Dr.'s note). Documentation is required. LATE WITHDRAWALS ARE ONLY ACCEPTED THROUGH THE LAST DAY OF CLASSES.

PRINT STUDENT NAME: _____ DATE: _____

COLLEGE DEAN SIGNATURE/EMAIL: _____ DATE: _____

Please forward emails of approval from the course Instructor, Student Advisor, and College Dean.

Emails of approval are required for the Late Withdrawal to be processed. Please forward this form with emails to the Registrar's Office: registrar@westfield.ma.edu

Late Withdrawals will not be processed until all emails are received.

Processed by: _____ Date: _____

Rev. 08/2017