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ROCHESTER INSTITUTE OF TECHNOLOGY OFFICE OF THE REGISTRAR EASTMAN HALL (EAS), ROOM 1202 PHONE 585/475-2821

PHONE 585/475-2821 Fax 585/475-7005

Course Withdrawal (co-req)

Instructions

This form is to be used by students withdrawing from a class that requires co-requisite enrollment. To be accepted, this form must have all signatures listed at the bottom. Department Head refer to the student's home department and college.

General Information					Term Date _			//
Please Type	Last				First		Middle	
1 10000 17,00	Academic Program				_ Academic Plan			
Course Information	A grade of "W" will be assigned if the course withdrawal is approved. Grades of "W" are maintained as part of the student's permanent academic record, but do not affect GPA or hours earned. Withdrawing from a course will not change your enrollment status (e.g. full-time to part-time)							
	CLASS NO.	SUBJECT	CATALOG	SECTION		COURSE TITLE/DESCRIF	GRADE W	
	Example:							
	CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	COURSE TITLE/DESCRIP	GRADE	
	12345_	XMPL	150	01	4	Project-Based Ca	lculus	W
Student Signature	Reason for V	Vithdrawa	ıl					
	Sign					Date		
Department Signatures						Email Date		@rit.edu
	Instructor of Co-Req Class Print							@rit.edu
	Department Head (student's home department) Print Email Sign Date							
Registrar's Office Use Only REG - Course Withdrawal Request	Date Received Date Processed Processed By							
11-11-2025	Distribution	Please keer	a conv for	vour rece	ords Return	original to the Registrar's (Office, EAS 1	room 1202