



University of Pittsburgh  
**MONITORED WITHDRAWAL REQUEST**

**Please print clearly.**  
 This form will not be processed if information is incomplete or inaccurate.  
 Submit this form to the Academic Center offering the course no later than the deadline date published in the Schedule of Classes for the term.

Social Security Number

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STUDENT LEVEL		YEAR	
<input type="checkbox"/> UNDERGRADUATE 01	<input type="checkbox"/> GRADUATE 02	<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING
		<input type="checkbox"/> SUMMER	<input type="checkbox"/>
			<input type="checkbox"/>

Student Name (Last, First, M. I.) \_\_\_\_\_ Academic Center offering the course \_\_\_\_\_

CRN	CRN of Linked Lab (If Applicable)	CRN of Linked Recitation (If Applicable)

Subject	Course Number	Course Title

**I affirm my decision to withdraw from the above course, and to accept the "W" grade. I understand that there will be no tuition adjustment for withdrawing from this course.**

Student's Signature	Date
Instructor's Signature	Date
Signature of Academic Dean offering the course	Date

Form 0037 (894) Procedure 09-01-07 Distribution: White - Registrar's Office Yellow - File Copy Pink - Student Copy