

Coppin State University
OFFICE OF THE REGISTRAR
2500 W. North Avenue
Baltimore, MD 21216

Semester/Year

OFFICIAL CLASS WITHDRAWAL

Date _____ Processed _____

STUDENT ID #		PRINT NAME Last, First & M.I.		
PRINT ADDRESS-STREET, CITY STATE & ZIP CODE				
DISC. CODE <i>Ex. ENGL</i>	COURSE NO. <i>Ex. 101</i>	SECT. NO. <i>Ex. 001</i>	CREDIT HRS. <i>Ex. 3</i>	COURSE TITLE

Eagle Achievement Center (EAC) Advisor Signature: _____ Date: _____

I understand that it is my responsibility to meet with the course instructor and Eagle Achievement Center advisor prior to submitting this document to the Office of Records and Registration for processing. I also acknowledge that the above information is correct, and that no reversal of this transaction will be made once it is processed in the Office of Records and Registration. This process will not eliminate any financial obligations.

Student Signature _____ Date: _____