

Course Withdrawal (W) Request Form/退课申请表

		Date/日期	Day/日	Month/月Year/年
Subject:Request for Course withdrawal (W) /事项:退课申请				
Dear: Vice President of Academic Affairs/尊敬的副校长				
Name/姓名:		Student ID num	nber/学号:.	
1. Level of Education/学生类别	e/本科生 🔲 Postg	raduate/研究	咒生	
Tel/电话 号 码:				
I would like to request course witho	rawal (W)			
in semester/学期:	Academi	c year/学年:		我申请退课于
(You should request approval from the Dean/你应该请 求院长的同意)				
NO. Course code 课程编号	Course Name 课程名称		Group no. 班级	
<u> </u>				
Due to/其工,		For your con	acidoration/	カフ你的老卓
Due to/基于:				
		Sign/签名:		学生
Please process the request according to the steps below/请按照以下步骤处理				
1.Advisor's Comment/班主任/系主任意见		2.Dean's Comment/院长意见		
3.Office of Registrar/注册部				
The result of your requested is/你的	Approved/	同意		
		□ Not Approved/不同意		
		☐ Not Approv	/ea/ 小 问恴	
Sign/签名:		Vice President of Acad	emic Affairs	or Representative
5,			,	- I