



Enrollment Services  
Registrar

3333 Regis Boulevard, A-8  
Denver, Colorado 80221-1099  
303-458-4126/1-800-388-2366 Ext. 4126  
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### INDIVIDUAL COURSE WITHDRAWAL

Student Name \_\_\_\_\_  
Last First M.I.

Student ID #: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Prefix	Course #	(E-W)	Sec #	Title	Instructor

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit to the Office of Academic Records and Registration.**

<b>OFFICE USE ONLY</b> Schedule Input	
Initials _____	Date _____