## COMPLETE WITHDRAWAL NOTIFICATION (REQUEST FOR GRADE) FORM THE UNIVERSITY OF TEXAS AT EL PASO

REGISTRATION & RECORDS OFFICE

				UTEP ID				
ent Name Last	F	irst	M.I.	8				
Call Num	ber / CRN	Subject	Con	urse Number		Tern	Term	
		Please check gra		gned				
	gress after the cou	ords Office that the st irse drop deadline. I al withdrawal grade r	am therefore	submitting th	nis form k	oecause I		
Instructor's Sign	ature					D	ate	
Department Cha	air's Signature					D	ate	_
* College Dean's	s Signature D: Liberal Arts, Educa	tion)				D	ate	
	RETURN COMP	LETED FORM TO THE	REGISTRATIO	N AND RECOI	RDS OFFI	CE.		_
If you are und	ble to do so befo	re faculty grading e be sub	nds, we will omitted.	require a sig	ned Gra	ıde Chan	ge Form	t
		Thank you for	your assistan	ce!				_
Date Processed	Grade Posted	Course PoT/"AUTO W" [	Date Processed	Ву:				

Original—Registration & Records

Copy—Dean's Office