



UNIVERSITY OF GUAM
UNIBETSEDÁT GUAHAN

Academic and Student Affairs
Professional and International Programs

APPLICATION FOR WITHDRAWAL

Date _____ Semester / Year _____

Course No. _____ Course Title _____

Credits _____ Instructor _____

Reason for Withdrawal:

Student Name / ID Number

Student Signature

Date

Instructor's Signature/ Date

UOG Station, Mangilao, Guam 96923
Telephone: (671) 735-2600/1 Fax: (671) 734-1233
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