Course Withdrawal Request

Student Name: ____________________________________________________________

Phone: ___________________  e-Mail: ___________________  Student ID#: ____________

Program of Study: _________________________________________________________

Course Number: _________  Course Name: _________  Number of Credits: ________

Please Indicate the Reason for Withdrawing: __________________________________

________________________________________________________________________
________________________________________________________________________

This form constitutes an official written notice for the purpose to withdraw a course offered at Bay Atlantic University, Washington D.C. The official withdrawal date, for the purpose of a refund calculation, will be taken from the date the written notice is received by BAU.

I have read the academic catalog and understood the terms and conditions of the course withdrawal policy.

Student e-Signature ___________________  Date ____________