



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