

Instructor 8

Student Name:

Office of the Registrar University Park, IL 60484 708.534.4500 Fax: 708.534.1640

www.govst.edu

Student ID:

REQUEST FOR LATE CLASS WITHDRAWAL SIGNATURE FORM

- Complete the student sections of this form and obtain the signature(s) and information required from the instructor(s).
- Go to www.govst.edu/withdrawing and complete the Request for Late Class Withdrawal Form and upload this form no later than the last day of the semester in which the class (es) is/are scheduled.

	Completed by Student		To Be Completed by Course Instructor			
	Term and Year	Subject, Course Number, and Section (ENGL-1000- 01)	Instructor Signature*	Student's Last Date of Academic Participation. (If 'never attended' use "NA")	Support (S) or Do Not Support (D)	Current Grade: Passing (P) or Failing (F
1.						
2.						
3.						
4.						
6.						
7.						
8.						
			*signature from Division Cl	hair is acceptable if instru	uctor is not availab	le
	omments f	rom the Instructor(s) if any.				
- In	structor 2					
- In	structor 3					
In	structor 4					
In	structor 5					
In	structor 6					
_ In	structor 7					