

NORTH GEORGIA COLLEGE & STATE UNIVERSITY

Class Withdrawal for Excessive Absences

(Initiated by the Instructor)

Student Name (Last, First Middle)

ngcsulD#

Term/Year

CRN

Course Number & Section

Title

Grade (W/WF)

Date of Withdrawal by the Instructor

Last Date of Attendance (as per Instructor's records) (Required)

Instructor Signature

Date

Department Head Signature (For Academic Department of the course)

Date

Received by Registrar's Office (Date)

Registrar's Office
Price Memorial Hall, Room 221
Dahlonega, GA 30597
706-864-1760
706-867-2749 (fax)