



REQUEST TO WITHDRAW FROM CLASSES

Student: _____ ID: _____

I wish to withdraw from the following classes: Semester: Fall Spring Summer Year: _____

Student signature _____ *Date* _____

<i>For office use.</i>	
_____	_____
<i>Admissions staff</i>	<i>Date</i>

Print and submit completed form to Admissions in A184 or fax to 217/353-2640. Make an extra copy for your records.