

**American University of Central Asia
Administrative Services Center**

Withdrawal

Semester (circle appropriate semester): **Fall, Spring, Summer**

Year: _____

All information is indicated in your transcript/ schedule.

Course Name _____

Code _____ Course ID _____ Credits _____

Instructor Name _____

Action _____ (W - for Withdrawal)

Student Full Name: _____ **Student ID:** _____

Department _____ Student's Signature _____

Head of student's major department's signature _____

Advisor's Signature _____

Date _____

Please submit the original to the Administrative Services Center (Room 234).

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Administrative Services Center**

Withdrawal

Semester (circle appropriate semester): **Fall, Spring, Summer**

Year: _____

Course Name _____

Code _____ Course ID _____ Credits _____

Student Full Name: _____ **Student ID:** _____

Administrative Services Center _____ **Date** _____

Please keep this form till the W-grade will appear in your transcript.