Continuing Education Drop Form

Name: _______________________________ Date: ____________________________

Student ID#: ______________________ Semester: __________________________

Please withdraw me from:

Course Name: ______________________ Course Code: ______________________

Course Name: ______________________ Course Code: ______________________

Course Name: ______________________ Course Code: ______________________

Reason:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature (required): _________________________________

Please submit this form via scan and email or by fax to Open Learning and Educational Support.

Email: info@OpenEd.uoguelph.ca
Fax: 519-767-1114