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 the completed form to Open Learning and Educational Support (OpenEd):

E-Mail: info@OpenEd.uoguelph.ca
Telephone Number: 519-767-5000