



Harvard College
Course Withdrawal Form

HARVARD UNIVERSITY
 Office of the Registrar
 1350 Massachusetts Avenue
 Cambridge, MA 02138
 (617) 496-9488
 enrollment@fas.harvard.edu

This form must be filed by the 11th Monday of the term. Email completed form to enrollment@fas.harvard.edu.

Student Information

HUID: _____ Name: _____

Department/Concentration: _____ House: _____

Email address: _____

Course Information

Term of the course (please include fall/spring and year): _____

Course name: _____ Class number: _____

Term of the course (please include fall/spring and year): _____

Course name: _____ Class number: _____

Signatures

Concentration Tutor, Sophomore Advisor,
 or First Year Advisor Signature: _____

Resident Dean of First Years or
 Allston Burr Resident Dean Signature: _____

Student Signature: _____ Date: _____

For office use only

Date processed: _____

Initials: _____