HARVARD UNIVERSITY
Office of the Registrar

1350 Massachusetts Avenue
Cambridge, MA 02138

(617) 496-9488
enrollment@fas.harvard.edu

Harvard College

Course Withdrawal Form

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: _____ (Choose One)

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

First-Years – Your First-Year Resident Dean's Signature:_____

Sophomores, Juniors, Seniors - Your Concentration Advisor's Signature:_____

Sophomores, Juniors, Seniors - Your Resident Dean's Signature:_____

Student's Signature: _____ Date: _____

For office use only
Date processed: _____ Initials: _____