

Texas A&M University-Commerce  
Withdrawal Form  
Please Print Clearly

Date \_\_\_\_\_ Semester \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street City State Zip

CWID/SSN \_\_\_\_\_ Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Will Return \_\_\_\_\_ Will not Return

Last Date of class attendance (approximately) \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class Schedule**

Course No. / Section	Course No. / Section
Ex. Eng 100.001	

**Student Signature Required** \_\_\_\_\_

**\*Students receiving any of these services must have approval and obtain applicable signatures to withdraw**

Financial Aid _____	Date Received _____
Housing _____	Date Finalized _____
Loan Office _____	WD Percentage _____
Exit Interview _____	SPE/effective date _____

(complete w/d only)

Please return to:  
Office of the Registrar, Attn: Enrollment Auditor, P.O. Box 3011, Commerce, TX 75429  
Phone: 903-886-5070, Fax: 903-886-5888

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.