



UNIVERSITY OF PENNSYLVANIA
SCHOOL OF NURSING

COURSE WITHDRAWAL FORM

_____ TERM

_____ DATE SUBMITTED

Penn ID#

LAST NAME

FIRST NAME

has my permission to withdraw from Course # _____ at this time without penalty. The grade of 'W' should show on the student's transcript.

The student is aware of his/her financial obligations as outlined in the tuition refund policies (<http://www.nursing.upenn.edu/students/handbooks/>).

STUDENT DATE

INSTRUCTOR DATE

ASSISTANT DEAN – SCHOOL OF NURSING DATE