UNIVERSITY OF PENNSYLVANIA
SCHOOL OF NURSING

COURSE WITHDRAWAL FORM

__________________________________________  ____________________________________________

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

Rev 9/07