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RESCIND A WITHDRAWAL BEFORE MIDTERM REQUEST

Laker ID _____ *Last Name* _____ *First Name* _____

Class 1

CRN

Class 2

CRN

Class 3

CRN

Class 4

CRN

I understand that the last day to withdraw from a class without academic accountability is _____.
Furthermore, I understand that should I elect to withdraw at a future date, it will be necessary for me to submit a new
withdrawal request to the Registrar's Office. The last day to withdraw from any course is _____.

My signature below indicates that I have read and understand the above statement. In addition, I acknowledge that I have
received a copy of this statement.

Signature _____ **Date** _____