

## Division of Continuing and International Education

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www.ce.csueastbay.edu

## **Request for Withdrawal**

Quarter of Enrollment (Quarter / Year)					
NetID					
Last Name			First Name	Middle Initia	1
Address					
City			State	Zip	
Home Telephone			Work Telephone	E-mail	
Statement of Withdrawal					
Dept.	Course No.	Section		Course Title	
Reason for Request for Withdrawal					
Reason for request for withdrawar					
Student Signature					Date
Office Use Only					
Approved Not Approved Date: Initials:					