



College of Visual and Performing Arts
Undergraduate Academic Affairs
WITHDRAWAL REQUEST

Name: _____ G#: _____
Mason E-mail: _____ Phone Number: _____
Major: _____

Attachment(s) required: Please attach a statement which provides specific details about why you are requesting this withdrawal. Verifiable third-party documentation must be supplied in support of this request. Questions about documentation needed for requests can be directed to your academic advisor. Supporting documentation must be provided within 30 days of receipt of your request to the CVPA Academic Affairs office. After 30 days, the request will be filed without review.

Semester you are requesting to be withdrawn from class(es): _____/_____
Semester Year

Are you requesting a withdrawal from all courses in this semester? Yes or No
(Circle One)

If you are not requesting withdrawal from all courses, please list the courses you wish to withdraw from. Partial withdrawals are approved only in rare situations and only when third party documentation shows why only those courses are affected for a non-academic reason.

Table with 2 columns and 2 rows for listing courses to be withdrawn from.

Do you currently have any registration holds on your record? Yes or No
(Circle One)

If yes, what holds are on your record? _____

Read and Sign: I understand that requests are not effective unless approved by the CVPA Academic Affairs office. I certify that the above and the attached information is accurate and not in violation of the Honor Code. CVPA's acceptance of requests for Dean's review does not guarantee approval or a definite date when a decision can be reached. I have read and will comply with the rules, regulations, requirements and academic policies of the college and university.

Student's Signature: _____ Date: _____

Advisor's Signature is Required: _____ Date: _____

_____ Recommend _____ Not Recommended