# WITHDRAWAL REQUEST FORM

**HARVARD UNIVERSITY**  
FAS Registrar’s Office  
Smith Campus Center, Suite 450  
1350 Massachusetts Avenue Cambridge, MA 02138  
(617) 495-1543

<table>
<thead>
<tr>
<th>COURSE(S) TO WITHDRAW (WD)</th>
<th>FALL</th>
<th>SPRING</th>
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<tbody>
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<td>Course Name:</td>
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<td>Course Name:</td>
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**HARVARD COLLEGE INFORMATION**

- **Family Name (Last):** _______________________________
- **Given Name (First):** _______________________________
- **HUID:** _______________________________
- **House:** _______________________________
- **Concentration:** _______________________________

**Signature of Concentration Tutor, Sophomore Advisor, or Freshman Advisor:** _______________________________

**Signature of Resident Dean of Freshmen or Allston Burr Assistant Dean:** _______________________________

**Student’s Signature:** _______________________________ **Date:** ________

**PLEASE SUBMIT FORM TO THE OFFICE OF THE REGISTRAR. (SEE ADDRESS ABOVE)**

**REGISTRAR'S OFFICE USE ONLY DATE RECEIVED:** ________ **DATE PROCESSED:** ________ **INITIAL:** ________