

			SSN		Studen	it ID		
Last	First	Middle						
Address			Street		City	State	Zip Code	
Email				Phone			·	
								_
College			Major					_
First UNLV enrollment: Sem								
Total hrs. completed	Sem. hrs in progre	SS	Are you requesting c	redit overload?		☐ No mmer Sessio	n 20	
			☐ Fall 20					
If yes, check semester for whe						1 st 2 nd	3 rd	
Justification:	p	withdrawar						
I hereby authorize the Registrar's Office to	release my							
I hereby authorize the Registrar's Office to academic records to the appropriate faculty	-				Stud	lent Signature		Date
	y committee.		Approved		Stud		Date	Date
academic records to the appropriate faculty	y committee. ing Action Taken		Approved				Date	Date
academic records to the appropriate faculty Signatures Verifyi Advisor Dept.	y committee. ing Action Taken		Approved				Date	Date
academic records to the appropriate faculty Signatures Verifyi Advisor Dept. Chair	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean	y committee. ing Action Taken		Approved				Date	Date
academic records to the appropriate faculty Signatures Verifyi Advisor Dept. Chair Dean	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other Comments:	y committee. ing Action Taken		Approved				Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other Comments:	y committee. ing Action Taken				Disappro		Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other Comments:	y committee. ing Action Taken	Gen. Ed		. or Council	Disappro		Date	Date
Signatures Verifyi Advisor Dept. Chair Dean Other Comments: Action Taken by Committee Chair: Academic Standards	y committee. ing Action Taken				Disappro	oved	Date	Date