

REQUEST FOR A PARTIAL WITHDRAWAL

Office of the GBS Registrar, Room 453
Emory University Goizueta Business School

Emory ID: _____ Name: _____

School: _____ Term: _____ Year: _____

Student Signature _____

Partial Withdrawal	Effective Date:
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Partial Withdrawal (indicate grade(s) below) <i>For a partial withdrawal with a grade of 'W' or after deadline WF/WU will be assigned</i>
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Department	Course	Section	W	WF	WU	Last Date of Attendance

Date

Advisor's Approval

Registrar's Office Use for in house GBS Withdrawal Only:	
Completed by:	Date: