



El Paso Community College
P.O. Box 20500, El Paso, Texas 79998

INSTRUCTOR INITIATED WITHDRAWAL AUTHORIZATION

DATE _____

DEAR STUDENT;

Under the guidelines established in the college catalog, I have determined that you have ceased to pursue the course objectives as stated in the course syllabus. Effective today, I am dropping you from my class roll. You have the right to appeal this action through the appropriate Instructor/Instructional Dean within ten (10) days from this date.

ID # _____

Semester _____

Student Name (Please Print)

Prefix Course Number _____

CRN # _____

Address

Last Day Attended _____

Instructor _____

City State Zip

Signature _____

FOR OFFICE USE ONLY FA VA
PROCESSED _____
MAILED _____

INSTRUCTORS: Please submit this form to the Admissions and Registrar Office at any campus. Your copy will be stamped and returned to you at that time. The office will mail the student's copy.