## CONSORTIUM DROP/ WITHDRAWAL FORM

Student Informa	ation:					
Name (Last, First, MI) Semester/Year			GWid  Date of Birth			
iraduate Level:	Master's	Doctoral	_			
School			Major			
Email Email			Phone			
Consortium Ins	titution:					
Gallaudet University Montgom			nt University		☐ Trinity Washington Univers☐ UMD - College Park☐ University of the District of	
Course Informa	tion:					
Subject	Course # Section		Credit Hrs		Course Title	
Required Signa	tures and	Date:				
	ve course acco	rding to th	e establishe	ed university refur	's). I understand that I may be fin nd schedule. I understand that I r	
Student's Signature			Date			
Advising Office / Program Office			Date			
Dean's Office Use Only:	: Vithdrawal					
 Effective Date			_	Signature		

## THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

## Office of the Registrar

## **Student Services Hub**

University Student Center

**Ground Floor** 

Phone:

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