## HAMPTON UNIVERSITY

## SCHOOL OF PHARMACY

## DDM COURSE WITHDRAWAL FORM

## (TO ACCOMPANY A REQUEST FOR RETROACTIVE WITHDRAWAL)

LAST NAME		FISRT NAME		MI	HUID#	
LOCAL ADDRESS HU E-MAIL ADDRES	CITY SS		STATE	ZIP	TELEPHONE #	
REASON FOR WITH  *Course Coordina					wal Failing) <u>.</u>	AND Initial
Department	Course Number	Course Section	Credit Hours	Name of Instructor (Print)	Grade WP* WF*	Course Coordinators Initials
Signature of Student				Date		
Signature of Course Co		Date				
Signature of Advisor		Date				
Signature of Assistant Dean				Date		

PLEASE NOTE: In order to withdraw from a DDM module after the University's withdrawal deadline, the student must submit a letter to the Assistant Dean of Student Affairs and Assessment in the school of Pharmacy, requesting a **Retroactive Withdrawal**. The letter must be accompanied by this form.