



Fisk University

Office of the Registrar

1000 Seventeenth Ave. North

Nashville, Tennessee 37208

Phone: 615-329-8586

Fax: 615-329-8587

Registration Withdrawal Form

Student Name: _____ Date: _____

Student ID#: A00000: _____ Classification: _____ Semester: _____

Email: _____ Phone: _____

Information: Students should consult with their academic advisor before making any course changes to his/her schedule. Dropping below full-time or originally scheduled credit hours and the date courses are dropped may negatively affect financial aid received.

Classes to Withdraw

DEPT.	Course Number	Section	Credit Hours	Course Title	Instructor's Comments	Instructor's Name(Print)	Instructors Signature

Student Signature: _____

Advisor Name(Print): _____

Advisor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Total Hours Before Drop: _____ Total Hours After Drop: _____

For Registrar's Office Only

Completed By(Signature): _____

Completion Date: _____