



Registrar's Office (East Falls)

Email: TJU_EF_Registrar@jefferson.edu

Course Withdrawal Form

Last Name: _____

First Name: _____

Campus Key : _____

Term: FL SP SM

Course Subject & Number	Section

Reason for Withdrawal:

You are requesting a withdrawal from the course(s) above for the following reason(s):

Advisor's Signature

Date

Student's Signature

Date

Note: Refund Policy can be found in the current catalog. (Graduate or Undergraduate)

PROCESSING: Send Completed Form to TJU_EF_Registrar@jefferson.edu or

Thomas Jefferson University, Registrar's Office (East Falls), 4201 Henry Ave. Archer Hall, Philadelphia, PA 19144 Fax: 215-951-2742

**The effective date of the course withdrawal is determined when the completed form is signed by the Advisor.*

Date Received in Registrar's Office

Date Processed by Registrar's Office