



جامعة بيروت العربية
BEIRUT ARAB UNIVERSITY

Request for course withdrawal Form

Student's Full Name: ID#:

Faculty: Major:

Course:

Title

Number

Semester/Year

Reason(s) for requesting a course Withdrawal (optional):
.....
.....
.....

Student's Name & Signature: Date:

Advisor's Name & Signature: Date:

Dean's Remarks:
.....
.....

Dean's Signature: Date:

- CC: Advisor
 Instructor
 Registrar's Office
 Student's copy