

**ROLLINS SCHOOL OF PUBLIC HEALTH
Office of Student Services**

PARTIAL WITHDRAWAL FORM

Student Name _____ ID _____

Department _____ Term _____

Dept	Course #	OPUS #	Indicate grade to be assigned			Instructor's Signature	Eff Date
			W	WF	WU		

Student Signature _____ Date _____

Student Services Use Only	
Processed by _____	Date _____