8.2 Withdraw from the University or University Course

Last name: __________________ First name: _______________ SID: ______________

Email: _______________________________ Phone: _________________________

Select Your Program: ☐ MSCMPE ☐ MSSE

(1) Student submits:

☐ A completed Request to Withdraw from the University or University Course form* (http://www.sjsu.edu/aars/forms/)
☐ A copy of the unofficial student transcript (my.sjsu.edu)
☐ A copy of Program of Study (cmpe.sjsu.edu > Students > Student Forms)
   (must be completely typewritten with courses to be taken)

*updated each semester on AARS website

(2) CMPE Department office only

Tracking Number: ____________ Time Stamp: _______________________________

(3) Program Director only

Decision: _____________________________ Initial: _____ Date: _____

(4) Student

☐ Picks up the form Time Stamp: _______________________________