



Arkansas Tech University – Ozark Campus
Excessive Absence Withdrawal

Term: _____

Course Info: CRN #: Course Prefix: Course #: Section #: _____

Course Title: _____

Last Date of Attendance: _____

Please withdraw the following student with a grade of “WN” for excessive absences.

Student ID#: _____

Student Name: _____

Instructor: _____
Instructor's signature

Approved: _____
Vice Chancellor of Academic Affairs

Date: _____

cc: Department Head

For Office Use Only

Grade recorded by: _____

Date: _____