

Academic Course Exit Form

Student Information

Full Name

Student ID

Program

Email

Course Details

Course Code

Course Title

Instructor Name

Semester/Year

Reason for Course Exit

Please select one of the following

-- Select --

If other or additional details, please explain:

Checklist

- All course materials and resources have been returned.
- Exit counseling completed (if required).
- Academic advisor has been informed.

Student Signature

Date

Advisor/Instructor Signature

Date