



RACER
 A C A D E M Y
 Murray State University

Withdrawal/Drop Form

Personal Data:

MNumber _____

Student Name _____

Withdrawal/Drop Information:

Name of High School _____

Reason for dropping course _____

Course to be dropped _____

Semester _____

(See academic calendar for refund deadlines)

Student Signature (do not print) _____ Date _____

Guidance Counselor Signature _____ Date _____

Registrar's Office Signature _____ Date _____

*Fax to: 270-809-3777
 attn: Kristi*