



East Texas Baptist University

Withdrawal Form

Please Print Legibly

Name: _____ Social Security Number: _____
LAST FIRST MI

Term (Circle One): 1C 2C 3C 4C 5C 6C Year: _____

Course Number and Name: _____
MINS Number Course Name

Instructor Name: _____ Location (City): _____

Last Date Attended: _____ Today's Date: _____

Signature: _____

FAX to Registrar at 903.923.2067 or email at registrar@etbu.edu
AND Mail to ATTN: REGISTRAR, 1 Tiger Drive Marshall, TX 75670-1498