



# 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  
AND Mail to ATTN: REGISTRAR, 1209 North Grove, Marshall, TX 75670-1498