WICHITA STATE
UNIVERSITY
DOROTHY AND BILL COHEN
HONORS COLLEGE

Dorothy and Bill Cohen Honors College
Voluntary Withdrawal Form

Return this form to Shocker Hall A118 or take a picture and email to honors@wichita.edu

STUDENT NAME (please print) _____

STUDENT myWSU NUMBER _____

My signature below indicates that I wish to voluntarily withdraw from the Dorothy and Bill Cohen Honors College. I understand that by deciding to no longer participate in the Honors College I lose all benefits associated with membership including access to the Honors computer station and lounge.

_____   _____

Signature   Date