

Confidential Information

STUDENT WITHDRAWAL FORM

Name: _____ Date: _____

J#: _____ Year Entered: _____

Major: _____ Classification: _____

Address: _____

_____ City _____ State _____ Zip _____

Email Address: _____

Phone: _____ Cumulative G.P.A.: _____

Date to Re-Enroll: _____

Are You a Student Athlete? Yes No Athletic Advisor Signature _____

Are you in the Honors College? Yes No

Please describe the circumstances for requesting a withdrawal from the University:

I understand that withdrawal from the University is not official until I have processed all appropriate forms. I am also aware that if I depart from the University without filing a statement of formal withdrawal, I may receive negative grades in all courses in which I am currently enrolled. Additionally, I am aware of my financial obligations to the University, as well as, the penalties involved in my withdrawal. I further understand that this form, if not completely executed within five-business days from the initiation of the process, will be voided.

1. _____ Student's Signature 2. _____ Departmental Advisor

3. _____ Chair/Dean 4. _____ Financial Aid

5. _____ Housing (If Applicable) 6. _____ Business Office

7. _____ Undergraduate Studies/Graduate Studies _____ Date