



WITHDRAWAL / CLEARANCE

All signatures required before submitting to Records Office

NAME: _____ STUDENT #: _____

EFFECTIVE WITHDRAWAL DATE: _____ EXPECTED RETURN: _____ PROGRAM: _____

FORWARDING ADDRESS: _____

REASON FOR WITHDRAWAL: _____

CANCEL ADV. REGISTRATION FOR:

- FALL SPRING
 SUMMER A SUMMER B

DINING SERVICES: _____

MAIL CENTER: _____

EAGLE CARD CENTER: _____

HOUSING: _____

STUDENT ACCOUNTING: _____

FLIGHT: _____

FINANCIAL AID: _____

STUDENT SUCCESS (Doolittle Annex): _____

I understand that if I live in University housing I must vacate such housing within 24 hours of the effective date on this form. I further understand that my withdrawal clearance does not negate my financial responsibility to the University. I have read all the information on this form and verify, to the best of my knowledge, that all information contained herein is correct. I understand that I must go to the student accounting office, before departing the University, to make arrangements for payment of any monies I owe to the University.

I understand the University must follow Federal Regulations to determine the amount of Title IV Financial Assistance that must be returned to the Federal Programs due to my withdrawal from the University. This amount will be calculated based on my withdrawal date.

STUDENT SIGNATURE: _____

INTERVIEW CONDUCTED BY: _____ DATE: _____

	COURSE	TITLE	SECTION	CR HRS
D R O P				

FOR R&R USE ONLY	
NUMBER OF HOURS BEFORE CHANGE:	
NUMBER OF HOURS AFTER CHANGE:	
PROCESSED BY:	