WITHDRAWAL FORM

All signatures are required before submitting to the Office of the Registrar

NAME: ___________________________ STUDENT #: __________________

MAILING ADDRESS: _______________________________________________________

_________________________________________ CELL PHONE # ____________________

REASON FOR WITHDRAWAL: __________________________________________________

LAST DATE ATTENDED CLASSES / EFFECTIVE WITHDRAWAL DATE: ______________________

CANCEL ADVANCED REGISTRATION FOR: (Circle all that Apply)

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EAGLE CARD: ___________________________ BURSAR: ___________________________

DINING SERVICES: _____________________ FLIGHT: ____________________________

MAIL CENTER: ________________________ MY VETS: __________________________

LIBRARY: _____________________________ ROTC: ____________________________

HOUSING: ____________________________ FIRST YEAR PROGRAMS: _____________

FINANCIAL AID: ______________________ SEVIS ADM (Int’l Only): _____________

I understand:

- I must have each applicable department’s signature prior to taking this form to the Bursar Department.
- If I live in University housing I must vacate such housing within 24 hours of the effective date on this form.
- Federal financial aid funds may be returned based on my withdrawal date.
- My withdrawal form does not negate my financial obligations to the University. A hold may be placed on my account preventing the release of transcripts until I have received financial clearance, for up to, but not to exceed, 30 days from the date of my withdrawal.
- If I intend to return to the University after withdrawing I must process an off campus petition prior to enrolling at another institution. Students who break status by attending another institution without permission will need to seek re-admission through Admissions.

I have read all the information on this form and verify, to the best of my knowledge, that all information contained herein is correct.

Student Signature: ____________________________

RECORDS / DOS USE ONLY

Comments: ________________________________________________________________

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