EMBRY-RIDDLEAeronautical University

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 WITHD	RAWAL DATE:		
CANCEL <u>ADVANCED</u> REGISTRATION	ON FOR: (Circle all that Apply)		
FALL SPRING SUMMER A	SUMMER B SUMMER C		
EAGLE CARD:	STUDENT FINANCIALS:		
DINING SERVICES:	FLIGHT: Bring flight ramp badge!		
MAIL CENTER:	VETERAN STUDENT SERVICES:		
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 If I live in University housing I must vacate such housing of Federal financial aid funds may be returned based on my withdrawal form does not negate my financial obligating account preventing the release of transcripts until I have refered as the exceed, 30 days from the date of my withdrawal. If I intend to return to the University after withdrawing I mat another institution. Students who break status by attending seek re-admission through Admissions. 	within 24 hours of the effective date on this form. withdrawal date. ons to the University. A hold may be placed on my ceived financial clearance, for up to, but not to must process an off campus petition prior to enrolling		
I have read all the information on this form and verify, to the beherein is correct.			
Student Signature:			
COURSE # SECTION	SE ONLY		

	COURSE #	SECTION	CLASS#	CR HRS
D				
R				
O				
P				
P				