

## Student Withdrawal from College

This form is to be used in compliance with the Student Withdrawal from College Policy found in the Catalog and Student Handbook.

	Student Last Name		Student First Name	Student Middle Name
	Student Forwarding Address			City/State/Zip Code
	Student Email (not school issued)			Student Phone Number
retu Adı	rn and more than one year has p missions Office and pay all appli	assed, I cable fe		admission through the
Plea	ase select when you would like y	our Stu	dent Withdrawal from College to be e	ffective:
	Effective immediately: Please Effective at the end of the seme		w me from all of my classes expect to receive grades for this semes	ter
Rea	Effective at the end of the sements as on for Withdrawal:	ster: I e	expect to receive grades for this semes	ter
	Effective at the end of the sements as on for Withdrawal:  Transferring: Name of school	ster: I e	expect to receive grades for this semes	ter  ☐ Personal issues
Rea	Effective at the end of the sements as on for Withdrawal:	ster: I e	expect to receive grades for this semes	

**Before Requesting a Withdrawal:** You are advised to consider the effects of a withdrawal on your degree progress, enrollment, academic standing, visas, financial aid, deferment of student loans, and access to campus resources such as housing.

Student Signature: By signing below, I certify that the information contained on this form is true and accurate. I understand that I am responsible for all outstanding financial obligations such as but not limited to: tuition, fees, library fines, housing fees, etc. I further understand that this request will not become effective until completed in full and returned to the Registrar's Office.

Student Signature	Date			
REGISTRAR USE ONLY				
Registrar's Signature:	Date:			
Official last date of attendance:				
Notification sent to:				
Financial Aid Director:				
Business Office:				
Library:				