



Request for Withdrawal

Last Name:	First Name:	MI:	Student ID:
Mailing Address:			City, State, Zip:
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Winter Year _____ (Select only one)			
Do you receive any of the following? <input type="checkbox"/> Financial Aid <input type="checkbox"/> Veterans Benefits			
Are you withdrawing from all of your classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no , list courses to be withdrawn below:			
CRN	Subject	Number	Course Title
Total hours after change:			

Reason for Withdrawal (Check all that apply and please explain below)

<input type="checkbox"/> Dissatisfied with academic performance <input type="checkbox"/> Dissatisfied with my classes <input type="checkbox"/> I feel misadvised <input type="checkbox"/> College experience not as expected <input type="checkbox"/> I was not aware of college procedures <input type="checkbox"/> Changing major or career path <input type="checkbox"/> Unsure of my academic goals <input type="checkbox"/> Other/Explanation:	<input type="checkbox"/> Not enough money to continue <input type="checkbox"/> Not enough financial aid <input type="checkbox"/> Unable to purchase books <input type="checkbox"/> Transportation issues <input type="checkbox"/> Moving <input type="checkbox"/> Transferring to: <input type="checkbox"/> Military/deployment	<input type="checkbox"/> Work schedule <input type="checkbox"/> Illness <input type="checkbox"/> Taking care of friend/family member <input type="checkbox"/> Childcare issues <input type="checkbox"/> Life crisis <input type="checkbox"/> Issues due to COVID-19/Coronavirus (please explain below)
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Student Initials	Office	Student Responsibility	Staff Signature
	Advisor/Student Success Center	I understand a "W" Withdrawal grade will be listed on my transcript for course(s) listed above if I withdraw after the semester has begun.	
	Financial Aid	My financial aid status may be negatively affected. I understand that I am responsible for exit counseling (if required.)	Title IV? <input type="checkbox"/> Y <input type="checkbox"/> N
	I understand that I am responsible for paying any financial obligations and I may not be entitled to a refund.		

By typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Student should receive a **copy** of completed and signed form before issuing **original** form to the Office of the Registrar.

Students are responsible for ensuring this form is turned in.

Staff Use Only

Registrar's Office	Date	Effective Date	Percent Refund (if applicable, no refunds will be issued for partial withdrawals)	Additional Approval (if required)	Date
Office of the Registrar					