



Request for Withdrawal

Last Name:		First Name:		MI:	Student ID:
Mailing Address:				City, State, Zip:	
Semester: ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II ☐ Winter Year _____ (Select only one)					
Do you receive any of the following? ☐ Financial Aid ☐ Veterans Benefits					
Are you withdrawing from <u>all</u> of your classes? ☐ Yes ☐ No If no, list courses to be withdrawn below:					
CRN	Subject	Number	Course Title		Credit Hrs
Total hours after change:					
Reason for Withdrawal (Check all that apply and please explain below)					
☐ Dissatisfied with academic performance ☐ Not enough money to continue ☐ Work schedule ☐ Dissatisfied with my classes ☐ Not enough financial aid ☐ Illness ☐ I feel misadvised ☐ Unable to purchase books ☐ Taking care of friend/family member ☐ College experience not as expected ☐ Transportation issues ☐ Childcare issues ☐ I was not aware of college procedures ☐ Moving ☐ Life crisis ☐ Changing major or career path ☐ Transferring to: ☐ Issues due to COVID-19/Coronavirus ☐ Unsure of my academic goals ☐ Military/deployment (please explain below) ☐ Other/Explanation:					
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.)			
	I understand that I am responsible for paying any financial obligations and I may not be entitled to a refund.				
REQUIRED Please complete the last date of attendance for courses this semester OR Check this box if you never attended ☐					

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

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.

Student Signature

Date

Staff Use Only

Registrar's Office

Date

Effective Date

Office of the Registrar

Percent Refund (if applicable, no refunds will be issued for partial withdrawals)

Additional Approval (if required)

Date

Revised 04/06/2020