



Complete Withdrawal Form

Semester: _____ Year: _____ Date Submitted: _____

Name: Last First Middle

Student ID Number: _____ Phone Number: _____

Mailing Address: _____
Street or PO Box City State Zip

I hereby request to be withdrawn from college for the following reason(s):

- Work Related
- Moving
- Failing
- Financial Reasons
- Medical Reasons
- Family Medical/Health Reasons
- Family Problems
- Transportation Problems
- Transferring to Another School
- Military Reasons
- Personal Reasons
- Dissatisfaction with Schedule/Classes
- Dissatisfaction with Instructor/College
- Other: _____

By signing this form, I am aware that withdrawing from all of my courses could affect my financial aid, academic standing, on campus housing and other areas. I understand that if I receive financial aid and withdraw from all of my classes I may not receive further financial aid disbursements, (may) lose some or all of the aid that has already been disbursed and will be responsible for payment of any balance due after the required return of the unearned federal student aid funds. I am aware I should meet with representatives from these areas prior to turning in this form and that the Registrar's office will send a notification to representatives in these areas.

Student Signature: _____

FOR USE BY REGISTRAR'S OFFICE		
Notified: Business Office _____	Financial Aid _____	Processed by _____