Withdrawal From Last Class

Instructions to Student:
Step 1: Complete all information requested below
Step 2: Get Financial Aid Signature
Step 3: Get Academic Advisor Signature
Step 4: Submit Withdrawal form to the Office of the Registrar for processing

Step 1: Be completed by Student

__________________________________________  ________________

Student ID Date Term

__________________________________________  ________________

Student Name Student Signature

REASON FOR WITHDRAWAL (Please check all that apply)

_____ Academic issue  Which department or program? ___________________________

_____ Instructor conflict

_____ Military obligation

_____ Financial Aid issue  _____ Lost scholarship  _____ Not enough aid

_____ Medical issue  _____ Personal  _____ Family

_____ Work related issue  _____ Job change/transfer  _____ Schedule change/conflict

_____ Family issue

Step 2: To be completed by Financial Aid and Student

__________________________________________  ________________

Student Name Student ID

If student is not receiving any form of Financial Aid, the Financial Aid office should check here, initial, and send student to an academic advisor ______ ________.

The Financial Aid Office has explained to the student named above the financial aid implications of withdrawing from all classes.

__________________________________________  ________________

Financial Aid Signature Student Signature

Step 3: To be completed by Student’s Academic Advisor

I have discussed with the student named above the reasons for wanting to withdraw as well as options other than withdrawing from the last class. I have also discussed with the student the implications of withdrawing on the timetable for degree completion. Per the student’s request I have executed the withdrawal from the last class.

__________________________________________  ________________

Advisor Signature Date

Step 4: Withdrawal Processing – Office of the Registrar

CRN of last class: ______________  Dept/Course # of last class: __________________________

Processed by: __________________________  Date: __________________

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