



STUDENT WITHDRAWAL FORM

Please return this sheet to the Office of the Registrar after all signatures have been obtained.

Note: You will not be withdrawn from courses until all signatures are received

Date: _____

Student ID #: _____

Student Name: _____
(Please Print)

Student Signature: _____

Advisor Name: _____
(Please Print)

Advisor Signature: _____

Have you received financial aid? _____

Do you live on campus? _____

Reason for withdrawal:

- Financial Work Closer to Home
 Academics Health Personal/Family

Other: _____

Department	Signature	Date
Athletics (if applicable)		
Business Office		
Library		
Director of Financial Aid		
Assistant Dean of Student Development		
Dean of SLC Works		
Dean of Enrollment Management (Exit Interview)		

For Office Use Only

Registrar Signature: _____

Date _____