

Request to Withdraw

COMPLETING THIS FORM MEANS YOU ARE WITHDRAWING FROM ALL COURSES FOR WHICH YOU ARE ENROLLED.

INSTRUCTIONS

1. Student must complete form. Failure to follow this procedure may result in a grade of "F" being assigned for each course for which the student is registered. **Failure to attend class does not constitute a withdrawal.**
2. Obtain signature from library staff.
3. Submit completed form to the Office of Admissions and Records.

PLEASE NOTE: The date this form is received in the Office of Admissions and Records will be the effective date for calculating any refunds. The refund dates and drop/add/withdrawal dates are published in the semester Schedule of Classes.

Personal Information (Please print)

	Semester _____	Year _____	SSN or Student ID _____
Last Name	First Name	Middle Name	
Street/Route/Box Number		Apartment No.	
City	State	Zip	(_____) _____ Area Code Telephone Number

TO BE COMPLETED BY STUDENT – Please list all classes for which you are currently enrolled.

	<u>Course No./Section No.</u>	<u>Name of Course</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

Library Clearance _____ Date _____
Signature of Staff Member

Student's Signature _____ Date _____

-----For Administrative Use Only-----

Received By _____ Date _____ Amount of Refund _____

Business Office Action _____

