

Office of Student Records Withdrawal Form

Term	Year
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Student ID	First Name	Last Name

Classes to Withdraw

Course Number	Course Section	Course Name	Course Instructor

1. Are you receiving Veterans Benefits? Yes___ or No ___
2. Are you withdrawing to serve in the Armed Services, on official church missions, or recognized foreign aid service of the Federal government? Yes___ or No ___
3. Reasoning for the withdraw: Transfer _____ Academic Difficulty _____ Medical _____ Personal _____

Advisor/Instructor Signature: _____ **Date**_____

PLEASE NOTE THE FOLLOWING REGARDING FINANCIAL AID RECIPIENTS: If you are receiving Financial Aid assistance, you may be required to repay monies that have been distributed. Financial Aid drop date will be determined by attendance NOT the date on this form.

Student Signature

Date

Office of Student Records

Date

By signing this I certify that the above information is complete and correct.