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Please use this form to indicate your intent to voluntarily withdraw from all registered coursework for a given term AND formally terminate your relationship to the College as a student. Students are advised that the date of their signature below shall be treated as their official date of withdrawal from the College. Further, students are advised to meet with the Office of Financial Aid prior to submitting this form in order to ensure awareness of the financial implications of this decision. Completed forms may be submitted to the Office of Records and Registration.

STUDENT INFORMATION

ID Number

Name Last, First, Middle

Home Address

E-mail

Phone #

ACADEMIC INFORMATION

Degree (Major)

WITHDRAWAL INFORMATION

Effective Academic Year (e.g. 2023-24)

Effective Term

Reason for Withdrawing?

Please provide any additional details which you are comfortable sharing regarding why you are deciding to withdraw:

Student Signature _____ Date Completed _____

PROCEDURAL MEETINGS

Met with Academic Advisor On:

Advisor Signature

Met with Office of Financial Aid On:

Financial Aid Signature

Met with Office of Records and Registration On:

Registrar Signature

Effective Withdrawal Date:

Processed On:

Processed By: