

<p><b>TERM:</b>          FALL 20 _____          SPRING 20 _____          SUMMER 20 _____</p>
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**WITHDRAWAL FORM**

**NAME:** \_\_\_\_\_

**LDA:** \_\_\_\_\_

**STATUS:**  Local Stud.     International Stud.

\_\_\_\_\_ I understand that it is my sole responsibility to ensure that all tuition and fees for each term are to be paid prior to the beginning of the term. I will be entitled to my diploma and official grades once I complete all payments owed.

\_\_\_\_\_ I understand that choosing to withdraw from all courses may impact my academic standing. Courses that are withdrawn from will become part of my permanent record and will appear on transcripts as a "W".

\_\_\_\_\_ I understand that choosing to withdraw from a course(s) may impact my Financial Aid status. (A student receiving financial aid may be required to repay all or a portion of aid received for the semester if the student withdraws, or stops attending all of the student's courses before 60% of the semester has been completed.)

\_\_\_\_\_ I understand that withdrawing from a course (s) will impact my program completion. I also understand that it is strongly recommended that I discuss a withdrawal with my program advisor so I can update my plan for graduation. It is important to note that not all courses are offered every semester, and developing a plan will keep my educational goals on track.

COURSE CODE	COURSE DESCRIPTION	LAST DATE OF ATTENDANCE (LDA)

**Reason:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Transfer to another University | <input type="checkbox"/> Financial    |
| <input type="checkbox"/> Health                         | <input type="checkbox"/> Academic     |
| <input type="checkbox"/> Work                           | <input type="checkbox"/> Other: _____ |

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Visa Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Accounting: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Aid: \_\_\_\_\_

Date: \_\_\_\_\_

Student Service: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar Department: \_\_\_\_\_

Date: \_\_\_\_\_