

UNIVERSITY WITHDRAWAL FORM



I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

Phone: _____

Yes No

II. SEMESTER INFORMATION

Indicate the year and semester you are withdrawing from:

Year _____

Semester: Summer May
 Fall Winter
 Spring

Session: I III
 II Extended

III. REASON FOR WITHDRAWAL

Select the reason you are withdrawing: (Please check only one box below)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Individual Health | <input type="checkbox"/> Military |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family Medical | <input type="checkbox"/> Returning to home state/country |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Personal/Family | <input type="checkbox"/> Transferring to another University |
| <input type="checkbox"/> Other: _____ | | |

IV. STUDENT SIGNATURE

I understand that even though I withdraw, I am obligated to pay all CEP. I understand that, students who have their financial aid adjusted according to federal regulations. This outstanding balance on my student account and I will be billed for any remaining balance.

Student Signature: _____

Date: _____

For Office of Student Records Use Only

Processed by: _____ Date: _____