

REQUEST TO WITHDRAW FORM

Instructions for completing this form: Student will complete section I. Student will then take the form to the officials listed in section II for their signature and to complete any exit procedures with each area. Student will then return to Records and Registration to complete the process. The date of withdrawal will be finalized as the date the process is initiated IF the completed form is returned within five days of the initiation date.

I. FOR STUDENT COMPLETION

Name: _____ Student ID#: _____

Please print

Address: _____ City, State, Zip: _____

Program: _____

Reason for withdrawal:

- | | | | |
|--|------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Financial | <input type="checkbox"/> Personal | <input type="checkbox"/> Other |
| <input type="checkbox"/> Career Change | <input type="checkbox"/> Medical | <input type="checkbox"/> Military | _____ |

Are you transferring to another institution? _____ Yes _____ No

If yes, to what institution? _____

What is the reason for transferring? _____

Student Signature: _____ Date: _____

II. FOR SCHOOL OFFICIAL COMPLETION

Faculty Advisor Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

Billing Signature: _____ Date: _____

Library Signature: _____ Date: _____

Reg/Adv Supervisor Signature: _____ Date: _____

Asst. Dean of UG Nursing: _____ Date: _____

III. FOR RECORDS AND REGISTRATION OFFICE COMPLETION

Registrar's Signature: _____ Date: _____

Official Notification: _____ Date of Determination: _____ Withdraw Date: _____ LDA: _____

Comments: _____

Official or Unofficial Withdraw? _____

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> CampusVue updated
<input type="checkbox"/> CANVAS updated
<input type="checkbox"/> Advisor inactivated
<input type="checkbox"/> Hold checked
<input type="checkbox"/> Final transcript printed
<input type="checkbox"/> Drop/Add Form completed
<input type="checkbox"/> Withdraw date on file | <input type="checkbox"/> If receiving veteran's benefits, VA notified | Email to:
<input type="checkbox"/> BCHS
<input type="checkbox"/> IT
<input type="checkbox"/> Facilities Mgmt (parking)
<input type="checkbox"/> HR (name badge)
<input type="checkbox"/> Biomed (prox)
<input type="checkbox"/> Foundation | Copies to:
<input type="checkbox"/> Faculty Advisor
<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Billing
<input type="checkbox"/> Reg/Adv Supervisor
<input type="checkbox"/> Asst. Dean of UG Nursing |
|---|---|---|---|

Records and Registration Use Only

Date Received _____

Date Processed _____