

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: _____
Please print

Address: _____ City, State, Zip: _____

Program: _____ Student ID#: _____

Reason for withdrawal: _____ Are you transferring to another institution? Yes No
 If yes, what institution: _____

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

Dean/Asst. Dean/Prog. Director: _____ Date: _____

III. FOR RECORDS AND REGISTRATION OFFICE COMPLETION

Registrar's Signature: _____ Date: _____

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

Official or Unofficial Withdraw? _____ LDA: _____

Comments: _____

- | | | | |
|---|--|--|---|
| <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
<input type="checkbox"/> Delete E-mail address from CampusVue | 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) | 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"/> Dean/Asst. Dean/Prog. Director |
|---|--|--|---|

Records and Registration Use Only

Date Received _____

Date Processed _____