



OFFICIAL WITHDRAWAL FORM

Name (Last, First, Middle): _____

Student ID Number: _____

Email Address: _____

F/J Visa Students: *Please obtain signature from ISS adviser prior to withdrawal*

Please completely withdraw me from all courses I am enrolled in for the following quarter:

Year: _____ SPRING SUMMER AUTUMN WINTER

Students who withdraw may be entitled to a refund of all or a portion of the tuition and fees for a given quarter depending on the time of the quarter the withdrawal is completed.

Tuition owed will be based upon the date the complete withdrawal is recorded at the Registration Office. Please see Student Fiscal Services regarding any financial obligations you may have to the university as a result of your withdrawal.

Signature: _____ Date: ____/____/____

FOR INTERNATIONAL STUDENTS ONLY – International Student Services signature required prior to withdrawal:

ISS Adviser: Printed name _____

Signature _____

For Office Use Only:

ANNUAL DROP REMOVED: YES NO NO ANNUAL DROP USED:

PROCESSED BY: _____ DATE: ____/____/____

This form may be submitted via email, fax, mail or in person.