

YEAR:			
TERM:	SP	SU	FA

## TERM WITHDRAWAL REQUEST

Use this form only for removal from ALL COURSES within a term.

Part 1: Completed by Student	
Date Initiated:ID#:	Phone number:
Last name:First name:	Middle:
Local Address or Residence Hall Room:	
Permanent Mailing Address:	
Street	City State Z
Are you:  An International Student: If receiving a refunc	d: Apply to a future semester. (Specify term:
A Financial Aid recipient: A Student Athlete:	Apply to credit card used in online payment (mandatory if credit card used for online payment)
Utilizing VA benefits:	(mandatory if create card ascargor offinite payment)
Reason for Withdrawal:	
University must be paid before I may register again or receive co aware that it will be computed as of the effective date of this act or my failure to complete the withdrawal process. I understand the withdrawal grades must be assigned by the instructors at the	is correct. I understand that subsequent registration or re-admissic at the time. I understand that all my financial obligations to the opies of my academic records. If I am eligible for any refund, I tion and may be reduced by any debt I currently owe the University that I am responsible for obtaining the instructors' signatures, and that I time. By my signature below, I acknowledge that I have read and
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