

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 Ro	om:		
Permanent Mailing Address:			
Street		City	State Zip
Are you: An International Student:	If receiving a refund:	Apply to a future semes	ter (Specify term:)
			
A Financial Aid recipient: A Student Athlete:		Apply to credit card used (mandatory if credit card used	
Utilizing VA benefits:		(managery), create cara asec	a jor omme payment,
Reason for Withdrawal:			
			ubject to all regulations pertinen
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