



# OFFICE OF THE REGISTRAR

## WITHDRAWAL CLEARANCE FORM

Please Indicate Semester

Fall\_\_20\_\_ Spr\_\_20\_\_ Summer \_\_20\_\_

Student Name (last, first middle)

Student ID(K +eight digits)

Permanent Home Address

Telephone #

**Reason for Withdrawal**

Check appropriate Answers	Authorized Signatures
a. Military Science Activity?      Yes__ No__	_____
b. Athletic Scholarship?            Yes__ No__	_____
c. Science Labs?                      Yes__ No__	_____
d. University Employee?            Yes__ No__	_____
e. On- Campus Housing?            Yes__ No__	_____

**Signatures from Life Services, Financial Aid and the Business Office are required before processing this request. All must be dated on the same date.**

Life Services & Wellness Signature

Date

Financial Aid Signature

Date

Business Office Signature

Date

**I understand that if I am receiving Title IV financial assistance and withdrawing on/or before 60% of the completion of the semester, I will be responsible for repayment of all or a percentage of my tuition/fees, financial assistance and/or other charges.**

Date\_\_\_\_\_

**Student Signature**

**STUDENT MUST COMPLETE AND RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR FOR PROCESSING IN ORDER FOR THIS WITHDRAWAL TO BECOME EFFECTIVE. ALL SIGNATURE DATES MUST MATCH.**

Processed By\_\_\_\_\_ Date\_\_\_\_\_ SB 1231\_\_\_\_\_

Revised August 2009