



## Total Withdraw Form (use after drop/add period)

Semester: \_\_\_\_\_

Date form obtained: \_\_\_\_\_

Name: Last First Middle

Mailing Address: \_\_\_\_\_

Street or PO Box City State Zip

Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I hereby request to be withdrawn from college for the following reason(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Work Related                  | <input type="checkbox"/> Transportation Problems                 |
| <input type="checkbox"/> Moving                        | <input type="checkbox"/> Transferring to Another School          |
| <input type="checkbox"/> Failing                       | <input type="checkbox"/> Military Reasons                        |
| <input type="checkbox"/> Financial Reasons             | <input type="checkbox"/> Personal Reasons                        |
| <input type="checkbox"/> Medical Reasons               | <input type="checkbox"/> Dissatisfaction with Schedule/Classes   |
| <input type="checkbox"/> Family Medical/Health Reasons | <input type="checkbox"/> Dissatisfaction with Instructor/College |
| <input type="checkbox"/> Family Problems               | <input type="checkbox"/> Other: _____                            |

Is student a first-time college student?  Yes  No

By signing this form, I am aware that withdrawing from all of my courses could affect my financial aid, academic standing, on campus housing and other areas. I understand that if I receive financial aid and withdraw from all of my classes I may not receive further financial aid disbursements, may lose some or all of the aid that has already been disbursed and will be responsible for payment of any balance due after the required return of the unearned federal student aid funds. I am aware I should meet with representatives from these areas prior to turning in my form and that the Registrar's office will send a notification to representatives in these areas.

Student Signature: \_\_\_\_\_

FOR USE BY REGISTRAR'S OFFICE

Notification sent to relevant campus areas \_\_\_\_\_  
(initial when sent)

Date RECEIVED \_\_\_\_\_

RECEIVED by \_\_\_\_\_