

Complete Withdrawal - Program and College



Last Name

First Name

Student ID or SSN

Current Home Phone _____ Current Cell # _____

Current E-mail _____

Current Academic Program/Major(s) _____

Semester: ☐ Fall ☐ Spring ☐ Summer Year _____

This form does not remove you from your classes.

This form will not be processed if you are currently registered for courses.

To drop or withdraw from your courses, contact the Office of the Registrar.

Please check your reason for withdrawing

☐ Entering military

☐ Transferring to different school

☐ Employed in related Field

☐ Employed in non-related field

☐ Financial need

☐ Other _____

Signature _____ Date _____

Your signature is mandatory for form to be processed.

For Office of the Registrar Use Only:

Academic Records Processor _____ Date _____

Comments _____

