

# Complete Withdrawal - Program and College



\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Student ID Date of Birth

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 nor waive your charges. You are responsible for dropping/withdrawing from courses and paying your bill.***

***This form will not be processed if you are currently registered for courses. Courses must be dropped online through Self-Service.***

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.***