

STUDENT ID # \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

REASON FOR WITHDRAWAL \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

| <b>THIS SECTION MUST BE COMPLETED</b>   |  |
|---|--|
| WITHDRAWAL FOR: _____<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Semester/Term</span> <span>Year</span> </div>  |  |
| DATE OF LAST CLASS ATTENDANCE _____ / _____ / _____<br><small>(This date must be the same or prior to the date the form is received in the Office of the Registrar and will be used to adjust VA benefits.)</small> |  |
| <b>VETERANS ONLY</b>  | <input type="checkbox"/> V.A. Benefits <input type="checkbox"/> Social Security Benefits |

A student is eligible for a full refund of registration fees when withdrawing from the University during the first week of classes of any term. A student is eligible for a 25% refund of registration fees for **Fall** and **Spring** terms when withdrawing from the University **between the start of the second week and the end of the fourth week of classes**. A student is eligible for a 25% refund of registration fees for **Summer** term when withdrawing from the University **between and start of the second and end of the third week of classes** of the earliest **session** in which registered. Refer to the current semester/term **Schedule of Classes** for specific withdrawal dates. All refunds must be requested from the Office of Accounts Receivable, ADM 176.

**EXCEPTIONS TO THESE DEADLINES WILL BE CONSIDERED FOR THE FOLLOWING:**  
**UNIVERSITY ERROR** – Provide supporting statement from appropriate University official and a completed Fee Adjustment Form.  
**CALL TO ACTIVE MILITARY DUTY** – Provide a copy of orders and a completed Fee Adjustment Form.  
**STUDENT ILLNESS** – Provide supporting statement from physician and a completed Fee Adjustment Form.

**NOTICE TO FINANCIAL AID RECIPIENTS:**  
 If you withdraw prior to the end of the seventh week of classes of a Fall or Spring Term, and receive **need-based** financial aid funds for the term, **excluding loans from private lenders**, you will be responsible for repaying a portion of the funds received minus your fees and \$210 allowance for books. The Office of Financial Aid will notify you of the repayment amount.

| <b>FOR RESIDENT HALL STUDENTS ONLY</b>   |            |
|--|------------|
| 1. Resident Instructor _____   | Date _____ |
| 2. Housing/Food Service _____<br><small>(Turn in key, linen, food card and change of address.)</small> | Date _____ |

DO NOT WRITE BELOW THIS LINE

Effective Date of Semester/Term \_\_\_\_\_ Initials & Date \_\_\_\_\_