

STUDENT ID # _____

NAME _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

REASON FOR WITHDRAWAL _____

STUDENT'S SIGNATURE _____

THIS SECTION MUST BE COMPLETED	
WITHDRAWAL FOR: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Semester/Term Year </div>	
DATE OF LAST CLASS ATTENDANCE _____ / _____ / _____ <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>	
VETERANS ONLY	<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 before you complete more than 60% of a semester, you may owe a repayment. The Office of Financial Aid will notify you of the repayment amount.

FOR RESIDENT HALL STUDENTS ONLY	
1. Resident Instructor _____	Date _____
2. Housing/Food Service _____ <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 _____