

Northwest Nazarene University
REQUEST FOR WITHDRAWAL

() From School () From All Remaining Courses () Cancellation

INSTRUCTIONS TO THE STUDENT: Complete top portion of form. Then take to each office indicated below to secure signatures. Processing of the withdrawal from the university will be complete ONLY when all signatures are secured.

Student: _____ SSN: _____ ID: _____

Phone Number: _____

Forwarding Address Required: _____

I understand that I must have all signatures on this form and return it to the Registrar's Office within 5 days.

Due Date: _____ **Signature:** _____ **Date:** _____

1. CENTER FOR ACADEMIC SUCCESS AND ADVISING (Room 110, Leah Peterson Learning Commons)

Reason for withdrawal: _____

Date of withdrawal: _____

Withdrawal Session: _____

Signature-Academic Advising

Date

2. STUDENT DEVELOPMENT OFFICE (Room 204, Student Center Building)

Health Center _____

Food Service # _____

Chapel _____

Resident Hall _____

Post Office _____

Maintenance _____

Date of Room/Board withdrawal: _____

Signature-Student Development

Date

3. FINANCIAL AID OFFICE (Room 104, Administration Building)

Has Federal Aid _____

Exit Interview: Stafford _____

Perkins _____

Signature-Financial Aid

Date

4. BUSINESS OFFICE (Room 1-A, Administration Building)

Has Federal Aid _____

VA Benefits _____

Exit Survey _____

Signature-Student Accounts

Date

*****Return completed form to the Registrar's Office - Emerson Administration Building, Room 10*****

Notification of Action: () Student () Business Office () Retention Officer