

Graduate & Adult and Professional Programs Request for Withdrawal from Semester

Session _____
 Year _____
 Today's Date _____
 Class _____

INSTRUCTIONS: Complete form and submit to Financial Aid if student is withdrawing from remaining semester courses.

STUDENT: **Students receiving Federal Financial Aid for courses not completed may need to appeal for future Federal funding. Charges and aid will be adjusted per current federal regulation and university policy.**

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|---|--|------------|--|
| Student Name | | ID# | |
| Date of Determination (Student Notified Univ.) | | | |
| Reason for Withdrawal: | | | |

----- Choose one -----

| End date of completed course | Check if never attended | Withdraw as of last date attended | Course Code | Course Title (List all semester courses below, including any previously dropped/withdrawn) |
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| Student Signature | | Advisor Signature | |
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FINANCIAL AID OFFICE

Financial Aid () Yes () No
 R2T4 () Yes () No

 Signature -Financial Aid Office Date

BUSINESS OFFICE

 Signature -Business Office Date

REGISTRAR'S OFFICE

VA Benefits () Yes () No

 Signature -Registrar Office Date