



OFFICIAL WITHDRAWAL

Name: _____

Date: _____

Student ID _____

Program: _____

Term Effective: _____

Last Date of Attendance: _____

Planning to Return? YES NO

If yes, Semester: FALL SPRING SUMMER Year _____

Student Signature _____ Date ____ / ____ / ____

State in one or two sentences the reason for withdrawal:

Please Be Advised

Students receiving financial aid require a Financial Aid Signature

Financial Aid _____

Students receiving VA benefits require a signature from the VA Coordinator

VA Coordinator _____