WITHDRAWAL PETITION

(To be used when withdrawing from all classes, i.e. complete withdrawl from university)

NAME _____ ID N° _____

(please print)

ADDRESS _____

Street City Zip Telephone Number

MAJOR / SCHOOL _____ GRADUATE ☐ UNDERGRADUATE ☐

REASON FOR WITHDRAWAL: (attache Exit interview sheet)

STUDENT'S SIGNATURE _____ DATE _____

In order to insure your eligibility to re-enroll at a later date and/or be sure that your records are clear and without "holds", please obtain the following signatures. All the signatures must be obtained before the petition can be processed.

FINANCIAL AID _____ DATE _____ CLEAR ☐ NOT CLEAR ☐

LIBRARY _____ DATE _____ CLEAR ☐ NOT CLEAR ☐

FACULTY - *GRADE REQUIRED

Course Number	*Grade WP/WF	Instructor Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____

Dean's Signature Date

ENROLLMENT SERVICES

FEES PAID: REFUND RATE

Tuition 100 80 75 70 50 35 25 0 %

_____ _____

ES Signature Date

HOUSING

WEEKS REFUNDED _____

_____ _____

Housing Authorized Signature Date

BUSINESS OFFICE

Refund Calculation Attached

AMOUNT OF REFUND

_____ _____

Business Office Signature Date

Exit Interview: Enrollment Services Director Comment:_____

_____

Dean of Student Affairs Comment: _____

***Students withdrawing after the last day to withdraw with a grade of "W" (refer to Academic Calendar) must obtain every instructor's signature with noted grade of "WF" if failing or "WP" if passing.**

Distribution: Original: Enrollment Services, copies to Student - Dean's Office - Business Office - Financial Aid