

Withdrawal Petition

To be used when withdrawing from all classes, i.e. complete withdrawal 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

Advisor's Signature _____ _____
Date

Coordinator'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 /_/_
signature

LIBRARY _____ DATE _____ CLEAR /_/_ NOT CLEAR /_/_
(borrowing privileges should be suspended as soon as this form is signed)

INSURANCE _____ DATE _____ CLEAR /_/_ NOT CLEAR /_/_
signature

FACULTY - *GRADE REQUIRED

Course number	Grade W/WP/WF	Instructor's signature
_____ <i>Dean's Signature</i>	_____ <i>Date</i>	

Registrar's Office:

FEES PAID: REFUND RATE

Tuition 100 80 75 70 50 35 25 0 %

Registrar's Signature _____
Date

Enrollment Services Director Comments as signature:

Vice President for Academic Affairs Signature :

HOUSING

Weeks refunded

Housing office Signature _____
Date

Business Office
 AMOUNT OF REFUND

Business office Signature _____
Date

*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.