

WITHDRAWAL PETITION

(To be used when withdrawing from university at the end of the semester)

NAME : _____ ID N° _____

ADDRESS : _____
Street City Zip Telephone Number

DEGREE / SCHOOL : _____ GRADUATE /_/ UNDERGRADUATE /_/

FIRST SEMESTER OF ENROLLMENT: _____

LAST SEMESTER OF ENROLLMENT: _____

REASON FOR WITHDRAWAL: _____

STUDENT'S SIGNATURE _____ DATE _____

Exit Interview: Enrollment Services Director Comment:

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 Signature _____ DATE _____ CLEAR /_/ NOT CLEAR /_/

Library Signature _____ DATE _____ CLEAR /_/ NOT CLEAR /_/

Insurance _____ DATE _____ CLEAR /_/ NOT CLEAR /_/

Housing Authorized Signature _____ DATE _____ CLEAR /_/ NOT CLEAR /_/

Business Office Signature _____ DATE _____ CLEAR /_/ NOT CLEAR /_/

Enrollemnt Services Signature _____ DATE _____ CLEAR /_/ NOT CLEAR /_/

Vice President for Academic Affairs signature: _____ Date: _____