



WITHDRAWAL FROM COLLEGE

The decision to withdraw from College is serious and should be made with a full understanding of the implications. Each student must contact their Academic Advisor, Financial Aid Office, Library Director, and the Office of Academic Affairs to review the financial and academic ramifications prior to withdrawing.

Student Name: _____ ID# Address A00000

Address: _____

MAJOR _____

GRADE POINT AVERAGE _____

FRESHMAN (≤ 30 Credits)
SOPHOMORE (≥ 31 Credits)

Full Time

Part Time

Full Time

Part Time

REASON FOR WITHDRAWAL

- | | |
|--|---|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Military |
| <input type="checkbox"/> Change / Loss of Interest | <input type="checkbox"/> Other |
| <input type="checkbox"/> DNR / Advisor Unable to Contact | <input type="checkbox"/> Personal / Medical |
| <input type="checkbox"/> Employment (Where _____) | <input type="checkbox"/> Relocated |
| <input type="checkbox"/> Financial (Other) | <input type="checkbox"/> Transfer (Where _____) |
| <input type="checkbox"/> Loss of FINAID / NO S.A.P. | <input type="checkbox"/> Withdrawal from Academic Program |

Do you plan to return to Manor College? NO YES When? _____

By signing I acknowledge that I am liable for all unpaid tuition and fees. I acknowledge that any Library books, sporting equipment or loaned materials need to be returned immediately or I will be charged accordingly for those materials. I acknowledge that I have spoken with my advisor, an officer in Financial Aid, and the Academic Affairs Office to discuss my options to stay at Manor College with a reduced course load.

STUDENT SIGNATURE _____

DATE _____

THE STUDENT MUST OBTAIN THE FOLLOWING REQUIRED SIGNATURES					
ACADEMIC ADVISOR	I have spoken with this student to discuss alternative classes and /or academic schedule.				Sign Here
FINANCIAL AID	I have spoken with this student to discuss alternative payment options.				Sign Here
LIBRARY DIRECTOR	Does the student have material(s) currently on loan?	NO <input type="checkbox"/>	YES* <input type="checkbox"/>	*TOTAL VALUE \$	Sign Here
ACADEMIC AFFAIRS	I have reviewed this document and approve the request.				Sign Here

LAST DAY OF ATTENDANCE	
SEMESTER WITHDRAWAL BEGINS	

Office Use Only.		
	BY	DATE
SCANNED		
ENTERED		
ATTACHED		

