



Instructions:

- 1) Complete Part I below.
- 2) Obtain the signatures of both administrators for Parts II & III (otherside). The student should **not** leave the form with a secretary.
- 3) Return the completed form and your seminary identification card to Academic Records.

Part I: To be completed by the student

Name _____ ID Number _____

Present Address _____ E-mail Address _____

City/State/Zip _____ Phone _____

Future Address _____ Effective Date _____

City/State/Zip _____ Phone _____

First Enrollment Date: _____ Current Degree Program _____

Withdrawal to be effective Fall Spring Are you receiving veterans benefits? yes no

Do you wish to terminate your postal box yes no (\$20 per entire semester withdrawn will be charged for keeping PO box.)

Are you living in campus housing? yes no

Do you plan to seek readmission? yes no

If yes, when? _____

At least two months prior to readmission, students should contact the Admissions Office.

Please state your reasons for requesting withdrawal and outline your plans for the immediate future:

Signature

Date

NOTE: THIS FORM MUST HAVE THE REQUIRED SIGNATURES ON PARTS II AND III FOR PROCESSING.

Part II: To be completed by Associate Dean for Academics.

Please state any pertinent information or conditions for readmission:

Date

Signature of Associate Dean for Academics

Part III: To be completed by the Director of Student Success.

Please state any pertinent information or conditions for readmission:

Date

Signature of Director of Student Success

Part IV: To be completed by Academic Records:

	Yes?
Update Student Master:	_____
Update Degree History:	_____
Add Withdrawal Attribute:	_____
Scan to Sentry File:	_____