



# Withdraw from a Program

\*0111119\*



## I. Complete All Information (Please print clearly)

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Legal Name \_\_\_\_\_ Former/Maiden Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State ZIP

Permanent Address (if different) \_\_\_\_\_

City State ZIP

I am a legal resident of: \_\_\_\_\_

City/Township

County

state

Phone Number \_\_\_\_\_

Home

Other

Email Address \_\_\_\_\_

## II. Program WITHDRAWING From (no longer pursuing)

Withdrawing from a program does not drop you from any classes. To drop classes, see Registration. Please list below the date you want the withdrawal to be effective.

Program Name and Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Program Name and Number \_\_\_\_\_ Effective Date \_\_\_\_\_

## III. Read BEFORE you sign and turn in! I understand the following -

1. I am withdrawing from the above program/s/. I will no longer be in that program/s/.
2. I understand that I will not be eligible for Financial Aid if I withdraw and I am not already accepted to another aid-eligible program.
3. Withdrawing from the above program/s/, means I will no longer be in that program/s/. Should I want to return to the program/s/,
  - a. I will need to reapply.
  - b. My acceptance date for my program will be the date that I am officially reaccepted.
  - c. My acceptance date for petitioning or core courses will be impacted.
  - d. I will be accepted under the new curriculum sheet requirements.

*By signing below, I certify that I have read the above information. I also certify that information on this form is true and complete to the best of my knowledge.*

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_