

Student Information

NOTE: The Official Withdrawal Date will be processed matching the date initiated by the student.

Name: _____ Date: _____

Student ID #: _____

Phone #: _____ Email: _____

Withdrawal Information

Term: _____ Year: _____ Process Now Process After Final Grades Received

Do you wish to remain registered in a future term? Yes No Which term? _____

Reason for Withdrawal (check option that best describes your situation):

- | | |
|--|---|
| <input type="checkbox"/> Financial | <input type="checkbox"/> Transfer to another college/university |
| <input type="checkbox"/> Decided not to attend college | <input type="checkbox"/> Academic Concerns |
| <input type="checkbox"/> Job Change/Promotion | <input type="checkbox"/> Medical Reason (self or family) |
| <input type="checkbox"/> Family Issues/Concerns | <input type="checkbox"/> Other |
| <input type="checkbox"/> Co-curricular Concerns (athletics, fine-arts, student organizations, etc) | |

Comments: _____

Please Note: Responses are confidential. They will be used for data collection and University enhancement purposes.

Student Signature _____

Date _____

Please present this form in order listed to the offices below for initials.

| Department | Location | Initials | Date |
|---|------------------------|----------|-------|
| College Dean / Advisor | | _____ | _____ |
| International Student Advisor (if applicable) | Casado Lower Level | _____ | _____ |
| Financial Aid Representative | Davis Hall 2nd Floor | _____ | _____ |
| Student Account Services Representative | Sumpter Hall 1st Floor | _____ | _____ |

RETURN FORM TO THE REGISTRAR'S OFFICE
Sumpter Hall 1st Floor or by email to registrar@friends.edu

Internal Use Only

Comments: _____

Date Received: _____ Withdraw Date Used: _____ Initials: _____