



You must complete the Add/Drop form on the reverse side to complete the exit process.

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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MI

Term: Fall
 Spring
 Summer

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Year

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Student ID Number

--	--	--	--	--	--	--	--

Last Day Attended Classes

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Today's Date

Your Major

Reasons For Withdrawl During Term:

Financial

Medical

Moving

Personal

Academic

Work

Transferring to another school

_____ name of the school

Other _____

Do you plan to register for the next term?

Yes

No

Please obtain the following signatures:

The withdrawl is not official until received, signed and processed by the Registrar's Office.

Advisor

Date

Librarian

Date

Financial Aid

Date

Housing Office

Date

Business Office

Date

Registrar's Office (Exit Interview)

Date

Student

Date

Office use only:

Received by _____ Print and Sign	Date _____
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