



A completed Add/Drop form must accompany this form to complete the exit process.

Last Name													First Name										MI
Trimester/Year										Student ID Number													
Last Day Attended Classes						Today's Date																	

Reasons For Exit:

Financial
 Medical
 Moving
 Personal
 Academic

Transferring to Another School _____

Other _____

Please obtain the following signatures:
The withdrawal is not official until received, signed, and processed by Registrar's Office.

Student	Date
Advisor	Date
Librarian	Date
Financial Aid	Date
Housing Office	Date
Business Office	Date
Registrar's Office (Exit Interview)	Date