



Note: 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

Major

Reasons For Exit:

Financial

Medical

Moving

Personal

Academic

Transferring to Another School

Work

Other _____

Please obtain the following signatures:

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

Advisor

Date

Librarian

Date

Financial Aid

Date

Housing Office

Date

Business Office

Date

Registrar's Office (Exit Interview)

Date

Student

Date