

## WITHDRAWAL FROM ALL COURSES

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 MAJOR: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_  
 ANTICIPATED GRAD YEAR: \_\_\_\_\_ STUDENT ATHLETE: ' YES ' NO  
mm/yyyy  
 RESIDENT ' COMMUTER ' VETERAN: ' YES ' NO

REASON FOR WITHDRAWAL: \_\_\_\_\_

DEPT. PREFIX	COURSE NO.	SECTION	COURSE TITLE	SEM. HRS	GRADE	INSTRUCTOR

### REQUIRED SIGNATURES

\*\*If you are a STUDENT ATHLETE this form will not be processed unless signed by the Student-Athlete Academic Support Services Coordinator\*\*

_____ Signature of Advisor	_____ Date	_____ Signature of Student	_____ Date
_____ Signature of HEOP Advisor (If applicable)	_____ Date	_____ Signature of Financial Aid Office	_____ Date
_____ Signature of (If applicable)	_____ Date	_____ Signature of Office of Academic Advisement	_____ Date

- Note:**
1. If a student withdraws from all current semester courses and intends to return the following semester, no additional forms need to be completed
  2. , I D V W X G H Q W Z L W K G U D Z V I U R P D O O F X U U H Q W V H P H V W H U F F  
Leave of Absence form should be completed
  - 3.