

WITHDRAWAL FORM

THE UNIVERSITY OF FINDLAY

Name _____ Date _____

Social Security # _____ Student # _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____

Campus/Local Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Class Standing (circle only one): FR SO JR SR GRAD

PLEASE TAKE THIS FORM TO THE FOLLOWING OFFICES:

	<u>Signature</u>	<u>Date</u>
1. Student Retention Services Office, Old Main (for exit interview)	_____	_____
2. Student Services Office, Old Main (to verify address and housing status)	_____	_____
3. Business Office, Old Main (to verify account status)	_____	_____
4. Registrar, Old Main (to finalize withdrawal)	_____	_____

Be certain to take care of outstanding obligations, such as returning any University property you may have and/or checking out of your on-campus housing assignment.

Student Signature

Effective Withdrawal Date

OFFICE USE ONLY

White Copy → Registrar (Registrar will send a copy of this completed form to the Advisor, Business Office, Financial Aid, Retention Services, and Student Services)

Yellow Copy → Student

Withdrawal Reason(s):