



University Withdrawal Form

Student Instructions:

1. If you only wish to withdraw from a single course, you must complete a **Single Course Withdraw Form** instead of this form.
2. If you wish to obtain a **Medical Withdraw**, please see University Counseling & Health (208 Danna Center) instead of this form.
3. Please complete all sections and email to the Assistant Dean to sign and send to the Registrar.
4. Obtain required signatures.
5. Completed form must be submitted to the Office of Student Records to be processed.

Section 1: Student Information

Name (Last, First, Middle): _____ CWID: _____

College: CAS BU CMM CNH LAW

Effective (eg, 2018 Fall): _____ (Year) _____ (Term) Date: _____

University Withdraw: *Leave of Absence: → *Indicate Date of Return (1 Year MAX): _____ (Year) _____ (Term)

Reason for Withdraw/Leave: _____

**Leave of Absences will not be granted to Undergraduates who have a GPA of less than 2.00 or a graduate student with less than 3.000, or those who transfer to another University, or to Transient students.*

Section 3: Student Statement & Signature

I acknowledge that the above information is accurate and I understand that withdrawing from the University will reflect a graded "W" on my transcript for my enrolled courses. I understand that this may affect my degree progress, financial aid, scholarships, veteran's benefits, and/or other areas. I have researched these issues and understand the possible implications of this action.

Signature: _____ Date: _____

Section 4: Required Signatures

Check and Obtain signatures that apply. **Required for all Students*

- *Student Success Center (239 Monroe Library): _____
- *Assistant Dean of College: _____
- *Student Financial Services (406 Thomas Hall): _____
- *Student Affairs (205 Danna Center): _____
- Residential Life: _____
- Veteran's Benefits: _____

Section 5: Approval

Once completed, this form must be turned in, by the student listed above, to the Office of Student Records located in Thomas Room 204.

Office Use:

Comments: _____

Signature of Student Records Representative: _____ Date: _____