

# STETSON UNIVERSITY

## WITHDRAWAL FORM

### PART A – COMPLETED BY STUDENT

(Print) Last name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Stetson Student ID# \_\_\_\_\_

Home/Cell Phone# \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

DO YOU PLAN TO RETURN? Yes or No - Circle Return term: Spring (Jan.) Summer (May) Fall (Aug.) Year: 20

This is to indicate that I am withdrawing my registration from Stetson University subject to all regulations pertinent to withdrawal and charges. I understand that subsequent registration or readmission must be in accordance with the University's regulations in effect at the time I apply for re-entry. If I am eligible for any refund, I am aware it will be computed as of the official day of withdrawal and will be reduced by any debt I currently owe the University. I affirm that the information above is correct.

Student Signature: \_\_\_\_\_ Registrar's Date Stamp:

### PART B – COMPLETED BY COLLEGE/SCHOOL DEAN'S OFFICE

Grade Category:   W  WP/WF

The above student enrolled in the College or School of \_\_\_\_\_ has been cleared by this office to withdraw his or her registration for the \_\_\_\_\_ semester.

Official Date of Withdrawal: \_\_\_\_\_ (Not more than 14 days earlier than the date stamped above.)

Comments: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART C – COMPLETED BY STUDENT FINANCIAL PLANNING

Student has been advised of financial aid status and cleared for withdrawal purposes.

Financial Planning Representative: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that after final financial aid adjustments are made, the Office of Student Accounts will determine my final account status including any refund for which I am eligible or any debt still owed to the University. Such things as library charges, parking fines, bookstore charges, student health charges, may affect the refund or debt owed.

### PART D – COMPLETED BY REGISTRAR

Registrar Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Student is not officially withdrawn until this form is completed and returned to the Registrar's Office. This process must be completed within seven (7) days after receipt of this form from the Registrar's Office. (Date stamped above)**