Withdrawal Form

UNIVERSITY OF DENVER
Office of the Registrar

University of Denver ID#

☐ **GRADUATE** ☐ **UNDERGRADUATE**

Name: _____

Last First

Phone Number: (_____)_____ **Email Address** _____

Term of withdrawal: _____ **Year**: _____

☐Quarter ☐Semester ☐Interterm

Do you plan to resume your studies at the University of Denver?

☐Yes ☐No ☐Not sure

Reasons for leaving DU (check all that apply)

☐Academic ☐Military Assignment ☐Transferring to another University

☐Career ☐Peace Corps (foreign aid service) Which one? (optional)

☐Church Mission ☐Permanent Disability _____

☐Financial ☐Personal/Family

☐Health ☐Social

I understand that, by submitting this form to the Office of the Registrar during the **AUTOMATIC WITHDRAWAL** period (as specified in the current academic calendar), I will be withdrawn from all classes for which I am enrolled for the term I have specified above. When submitting this form **AFTER THE AUTOMATIC WITHDRAWAL PERIOD, BUT BEFORE THE DROP/ADD DEADLINE**, a Course Change Request form (drop/add) must be submitted with appropriate instructors' signatures before the withdrawal will be processed.

I understand that I am responsible for tuition and fees assessed according to the refund schedule in effect on the date that this form is submitted to the Office of the Registrar as dated by the Office of the Registrar below. I understand that, in the case of extenuating circumstances, I can appeal tuition and fee charges by submitting a request for medical stop-out or a formal tuition appeal.

I understand that my withdrawing from the University will affect my eligibility to remain in student housing, to use campus facilities and to retain health insurance benefits. My current and future financial aid awards will be affected and I may be liable for tuition owed as a result of the return of financial aid funds.

Note: Non U.S. citizens who withdraw from the University may jeopardize their immigration status and their ability to remain in the United States.

Having read this form as well as the **WITHDRAWAL INFORMATION SHEET AND CHECKLIST** and having secured appropriate instructor approval when required, I request that I be withdrawn from the University for the term indicated above.

Student Signature_____ Date: _____

For Office Use Only:

Total Credit Hours Dropped: _____ Refund: 100% 75% 50% 0% Date Received: _____by (Print Name & Title):

Last_____First_____Title_____

Signature_____ Circle mode of contact if In lieu of form: Phone Email (attach to form)

Date Withdrawal Processed _____by_____ Title IV updated: _____by _____Rev. 06/04/09

Office of the Registrar
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