

APPLICATION FOR WITHDRAWAL

To be eligible for an honorable dismissal from the College before the last day of the current term, please complete this form, the attached confidential survey, and meet with the Associate Dean of Students.

Name _____ I.D. Number A0 _____
Last First Middle

Class: FR SO JR SR GR Spec Major _____ P.O. Box _____

Mailing Address _____

Telephone (Home) _____ Telephone (Cell) _____ Non-Oxy E-mail _____

Date withdrawal effective _____

Signature of the Associate Dean of Students _____ Date of Meeting _____

List below the courses in which you are registered. Withdrawal from the College will result in grades of "W" for these courses.

Course Department/Number	Title	Instructor Signature

Required Signatures

 Student Signature Date Emmons Medical Director (if health related) Date

 Adviser Comments Date

 Student Accounts Office Date Student Loan Office Date

 Financial Aid Office Date Office of Residence Life / Area Coordinator Date

Please note that credits and refunds are determined by the date of receipt of this application by the Office of the Dean of Students. Information concerning refunds is given in the current College catalog.

After you have secured the above signatures, submit this form and the completed survey to the Associate/Dean of Students. These documents will be forwarded to the Registrar for you. Please retain a copy of this form for your records.

 Associate/Dean of Students Date Form Received Comments

 Registrar Date Form Received Date Records Noted