



WITHDRAWAL FORM

STUDENT INFORMATION: (Please print)

Banner ID: _____				
Last Name: _____		First Name: _____		MI: _____
Street Address _____		City: _____	State: _____	Zip: _____
Cell Phone: _____		Preferred Email Address : _____		
_____ Student Signature			_____ Date	

WITHDRAWAL INFORMATION:

Current Student Type		
<input type="checkbox"/> Undergraduate in the School of Arts & Science <input type="checkbox"/> Graduate in the School of Arts & Science Are you an international student? _____	<input type="checkbox"/> Undergraduate in the Boler School of Business <input type="checkbox"/> Graduate in the Boler School of Business Are you a Veteran? _____	
<p>Please note that all UNDERGRAD Veteran and International students must meet with the Director of Veteran Affairs and International Services</p> Initials (Director of Vet. Affairs or International Services) _____ Date _____		
Type of Withdrawal (Please select all that apply)		
<input type="checkbox"/> Permanent: Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester	<input type="checkbox"/> Semester: Effective: <input type="checkbox"/> Immediately <input type="checkbox"/> At the end of the semester Plans to enroll: Fall, Spring, Summer _____	
Reason(s) for leaving JCU (Please select all that apply)		
<p style="text-align: center; margin: 0;">Academic</p> <input type="checkbox"/> My desired major is not offered major _____ <input type="checkbox"/> Academic program too demanding <input type="checkbox"/> Academic program is not challenging <input type="checkbox"/> Other academic reason (describe): _____	<p style="text-align: center; margin: 0;">Financial</p> <input type="checkbox"/> Cost of tuition <input type="checkbox"/> Full time work opportunity <input type="checkbox"/> Other financial reason: _____	<p style="text-align: center; margin: 0;">Social/Personal</p> <input type="checkbox"/> Medical issues <input type="checkbox"/> Safety/Security on campus <input type="checkbox"/> Living arrangements/roommate <input type="checkbox"/> Dissatisfaction with social atmosphere on campus <input type="checkbox"/> Change of circumstances in my family/home life <input type="checkbox"/> Military Deployment
Future Plans		
<input type="checkbox"/> Transfer: Institution name _____	<input type="checkbox"/> Work	<input type="checkbox"/> No plans at current time

*****Once appropriate signatures have been obtained, please return this form to an Enrollment Services Counselor located in 205-206 of Rodman Hall.**

OFFICE USE ONLY:

<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary: (Please choose one of the following) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Academic Dismissal</td> <td style="width: 50%;"><input type="checkbox"/> Suspension</td> </tr> <tr> <td><input type="checkbox"/> Final Academic Dismissal</td> <td><input type="checkbox"/> Expulsion</td> </tr> </table>	<input type="checkbox"/> Academic Dismissal	<input type="checkbox"/> Suspension	<input type="checkbox"/> Final Academic Dismissal	<input type="checkbox"/> Expulsion
<input type="checkbox"/> Academic Dismissal	<input type="checkbox"/> Suspension				
<input type="checkbox"/> Final Academic Dismissal	<input type="checkbox"/> Expulsion				
Last Date of Attendance: _____	Effective Date of Withdrawal: _____				
Dean's Signature: _____ Date _____					
Enrollment Service Counselor's Signature: _____ Date _____					