WITHDRAWAL REQUEST
SAMFORD UNIVERSITY

Date: _____ **Local Phone #:** _____

Name: _____ **Banner SUid # 9**_____
(Print) (Last) (First) (Middle)

Permanent Address: _____ **City, State Zip:** _____

☑ **Student ****REQUESTS*** **to drop/withdraw from the following semester/term:**

☑ **Student *****REQUIRED*** **to drop/withdraw from the following semester/term:**

Law Program: Fall Spring Summer

Joint Degree Student: Yes No

If YES, is Drop/Withdrawal Request for both programs: ☐ Yes ☑ No

***REQUIRED*: LAST DATE YOU ATTENDED CLASS(ES) in semester/term you are withdrawing from:** _____
Reason student *REQUESTS to drop/withdraw: (If you are transferring to another institution, please give us the name of the institution. This is important for accurate termination tracking) _____
Will student return to Samford University next semester? ☐ Yes ☐ No ☐ Undecided

Reason student **REQUIRED to drop/withdraw: Academic Action/Student Required to Withdraw for One Semester

_____ _____
Signature/Cumberland School of Law *Signature of Student*

If I have received Federal Financial Aid, I will be required to repay such aid to the extent required in Federal Regulations 668.21. If I have received any other type of financial aid or scholarship, I may be required to repay such aid to the extent required. I understand the catalog statement concerning my financial responsibility and will pay this amount either at the time of drop/withdrawal and/or as soon as I receive an invoice of tuition and fees that have not already been paid.

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FOR OFFICE USE ONLY: **Date Received in Student Record's Office:**_____

Date Completed Form Received from Bursar's Office:_____

_____**Courses Dropped: Removed: Course Record/Enrollment Record**

_____**Course(s) Withdrawn Course WD Code:**_____ **ACADEMIC SERVICES:**_____

_____**Withdrawal Reason Code:** _____ **BURSAR OFFICE:**_____

_____**Student Status Code:**____ **Sem. Applied:**_____ **FINANCIAL AID:**_____

_____**Dropped/Nonpayment/Bursar's Office/Student Records**

_____**Not Registered for Courses** **First Time Samford University student: Yes**____ **No**____

_____**Academic Action/Expelled/Suspended** **E.G.** ____

_____**Hold Placed**

Notify: ____**Original/Bursar's** _____**Office Copy** _____**Law Admissions** **e-mail/Degree Audit** _____**Instructor**

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PLEASE FORWARD A COMPLETED COPY OF THIS DROP - WITHDRAWAL FORM TO ACADEMIC SERVICES TO BE FILED IN THE STUDENT'S PERMANENT FILE FOLDER IN STUDENT RECORDS.

_____ **CREDIT:** ____**100%** ____**90%** ____**75%** ____**50%** ____**25%** ____**0%**

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REFUND: Total Charges: _____ _____ _____ **(tuition/related fees)**

Amount Refunded: _____ _____ _____

Revised 6/17/08