

WITHDRAWAL REQUEST SAMFORD UNIVERSITY

Date: _____ Local Phone #: _____

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

Permanent Address: _____ City, State Zip: _____

Please Circle Class: (Sr Jr So Fr EFR G Divinity Pharm SPU etc.) Campus Box #: Box 29 _____ (if applicable)

I am dropping - withdrawing from the semester(s) or term(s) in the following program:

(Please circle the <u>program</u> you are in.)					
Undergrad Day	Undergrad Evening (<i>Metro</i>)	Divinity	Pharmacy		
Graduate Program: (Business Education Environmental Management Music Nursing)					

(Please circle <u>semester or term</u> you are withdrawing from)					
Fall	Jan Term	Spring	Summer I	Summer II	Summer (10 Week)

REQUIRED: LAST DATE YOU ATTENDED CLASS(ES) in SEMESTER/TERM withdrawing from: _____

Do you intend to return to Samford University? Yes No

If yes, when: Fall JanTerm Spring Summer I Summer II Summer (10 Week)

REASON FOR DROP - WITHDRAWAL: (If you are transferring to another institution, please give us the name of the institution. This is important for accurate termination tracking) _____

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.

 Signatures of Program Advisors (select correct persons from list below) Signature of Student (Samford Fax number: 205 726-2908)
 Undeclared or Arts & Sciences Undergraduates – Assistant Dean, Arts & Sciences; Other Undergraduate Students (Day or Evening) – Program Advisor; Graduate/Doctoral Students – Program Advisor; NOTE: Student-athletes must obtain the signature of the Athletic Administrator in addition to that of their Program Advisor (if different)

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/EL

____ Course(s) Withdrawn Course WD Code: _____ ACADEMIC SERVICES: _____

____ Withdrawal Reason Code: _____ BURSAR OFFICE: _____

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

____ Dropped/Nonpayment/Bursar's Office First Time Samford University student: Yes _____ No _____

____ Not Registered for Courses Housing: Yes _____ No _____ E.G. _____

____ Expelled/Suspended/Hold Placed _____ Advisor's Name: _____

Notify: ___ Original/Bursar's ___ Office Copy ___ Admissions e-mail Advisor Fax-Residence Life e-mail Instructor
e-mail/Career Dev., Post Office, Student Health Services Fax-Graduate e-mail/Degree Audit e-mail/VA Benefits

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; housing/board)

Amount Refunded: _____