

WITHDRAWAL REQUEST SAMFORD UNIVERSITY

Date: _____ Local Phone #: _____

Name: _____ Banner SUI d # 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 program you are in.)

Undergrad Day
 Undergrad Evening (*Metro*)
 Divinity
 Pharmacy
 Graduate Program: (Business
 Education
 Environmental Management
 Music
 Nursing)

(Please circle semester or term 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 next semester?
 Yes
 No
 Undecided

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 ____ Course(s) Withdrawn Course WD Code: _____ ACADEMIC SERVICES: _____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%
 ____ CREDIT: ____ 100% ____ 90% ____ 75% ____ 50% ____ 25% ____ 0%

REFUND: Total Charges: _____ (tuition/related fees; housing/board)
 Amount Refunded: _____