

Withdrawal Form



UNIVERSITY of
DENVER

OFFICE OF THE REGISTRAR

University of Denver ID#

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GRADUATE

UNDERGRADUATE

Name: _____

Last

First

Phone Number: (____) _____ Email Address _____

Term of withdrawal: _____ Year: _____

Quarter

Semester

Interterm

Do you plan to resume your studies at the University of Denver?

Yes

No

Not sure

Reason for leaving DU: (please check only one box below)

Academic

Military Assignment

Transferring to another University

Career

Peace Corps (foreign aid service)

Church Mission

Permanent Disability

Financial

Personal/Family

Health

Social

I understand that, by submitting this form to the Office of the Registrar during the **AUTOMATIC WITHDRAWAL** period (as specified in the current academic calendar), I will be withdrawn from all classes for which I am enrolled for the term I have specified above. When submitting this form **AFTER THE AUTOMATIC WITHDRAWAL PERIOD, BUT BEFORE THE DROP/ADD DEADLINE**, a Course Change Request form (drop/add) must be submitted with appropriate instructors' signatures before the withdrawal will be processed.

I understand that I am responsible for tuition and fees assessed according to the refund schedule in effect on the date that this form is submitted to the Office of the Registrar as dated by the Office of the Registrar below. I understand that, in the case of extenuating circumstances, I can appeal tuition and fee charges by submitting a request for medical leave of absence or a formal tuition appeal.

I understand that my withdrawing from the University will affect my eligibility to remain in student housing, to use campus facilities and to retain health insurance benefits. My current and future financial aid awards will be affected and I may be liable for tuition owed as a result of the return of financial aid funds.

Note: Non U.S. citizens who withdraw from the University may jeopardize their immigration status and their ability to remain in the United States.

Having read this form as well as the **WITHDRAWAL INFORMATION SHEET AND CHECKLIST** and having secured appropriate instructor approval when required, I request that I be withdrawn from the University for the term indicated above.

Student Signature _____ Date: _____

For Office Use Only:

Total Credit Hours Dropped: _____ Refund: 100% 75% 50% 0% Date Received: _____ by (Print Name & Title):

Last _____ First _____ Title _____

Signature _____ Circle mode of contact if In lieu of form: Phone Email (attach to form)

Date Withdrawal Processed _____ by _____ Title IV updated: _____ by _____ Rev. 07/29/13