

# HILBERT COLLEGE

## OFFICIAL WITHDRAWAL FORM

_____ <b>Student ID</b>	_____ <b>Last Name</b>	_____ <b>First Name</b>	_____ <b>MI</b>
<b>Student Athlete</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you receiving VA benefits?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Do you receive the Enhanced Tuition Award (ETA)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you an HEOP student?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**PARTIAL WITHDRAWAL**

Course Number	Section	Title

_____ <b>Approval Signature</b> Advisor, Department Chair, Coordinator for Academic Advisement, or Director for Student Success and Retention	_____ <b>Date</b>
_____ <b>Student Signature</b>	_____ <b>Date</b>

**COMPLETE WITHDRAWAL FROM ALL COURSES**

**PRIMARY REASON FOR WITHDRAWAL** \_\_\_\_\_

In cases of complete withdrawal for medical reasons, documentation from a healthcare provider supporting reinstatement may be required.

_____ <b>Approval Signature</b> Director for Student Success and Retention	_____ <b>Date</b>
_____ <b>Student Signature</b>	_____ <b>Date</b>

**STUDENT FINANCE USE ONLY**

From \_\_\_\_\_ Credit Hours

To \_\_\_\_\_ Credit Hours

_____ <b>Student Finance Office Signature</b>	_____ <b>Date</b>
--	----------------------

**STUDENT RECORDS USE ONLY**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_