OFFICIAL WITHDRAWAL FORM

____________________  ____________________________________________  __________
Student ID  Last Name  First Name  MI

☐ PARTIAL WITHDRAWAL

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<th>Course Number</th>
<th>Section</th>
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____________________  ____________________________________________  __________
Approval Signature  Date  Advisor, Department Chair, or Coordinator for Student Success and Retention

____________________  __________
Student Signature  Date

☐ 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.

____________________  __________
Approval Signature  Date  Coordinator for Student Success and Retention

____________________  __________
Student Signature  Date

STUDENT FINANCE USE ONLY

From _____ Credit Hours  To _____ Credit Hours

____________________  __________
Student Finance Office Signature  Date

STUDENT RECORDS USE ONLY

Date Received: _____________  Received By: ______________