

HILBERT COLLEGE

OFFICIAL WITHDRAWAL FORM

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

PARTIAL WITHDRAWAL

Course Number	Section	Title

_____	_____
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: _____