

WITHDRAWAL FROM PRESENTATION COLLEGE FORM

(Effective: Immediate _____ End of Semester _____)

Student's Name: _____ Program: _____

Academic Advisor: _____ Campus: _____

Forwarding Address: _____

E-mail Address (not PC): _____ Forwarding Phone Number: _____

Please mark the reason(s) for withdrawal:

_____ Personal Reasons	_____ Staff Issues	_____ Financial Reasons
_____ Faculty Issues	_____ Transferring	_____ Degree not offered
_____ Personal Goal Changed	_____ Health Reasons	
_____ Other		

Student's Signature: _____ Date: _____

Obtain signatures in numerical order from the departments listed below:

1. _____
Advisor / Date

***The advisor must make sure the above information is completed and an add/drop form is submitted before sending this form to Step 2; if this is an immediate withdraw request.

6. _____
*Residence Life /Date

*Campus Resident Yes No

2. _____
Student Success Specialist /Date

Sent link to online survey _____
/Date

7. _____
Vice President for Student Affairs /Date

3. _____
Financial Aid Director /Date

8. _____
Technology /Date

4. _____
Student Accounts /Date

LDE: _____

Date of Determination: _____

5. _____
Librarian /Date

Upon completion, please return this form to the Registrar's Office. The contents of this form and/or copy may be provided to the student. The original must be on file in the Registrar's Office.

Registrar's Office use only:

VA Recipient _____ SEVIS _____ NAIA (FAR) _____

Recorded in:

_____ CAMS _____ Clearinghouse _____ Audit Report _____ Student Status _____ Extra-Curricular