WITHDRAWAL REQUEST
SAMFORD UNIVERSITY

Date: _____ **Local Phone #:** _____

Name: _____ **Banner SUid # 9**_____
(Print) (Last) (First) (Middle)

Permanent Address: _____ **City, State Zip:** _____

Please Circle Class: (Sr Jr So Fr EFR G Divinity Pharm SPU etc.) Campus Box #: Box 29_____ **(if applicable)**

I am dropping - withdrawing from the semester(s) or term(s) in the following program:

(Please circle the program you are in.)
Undergrad Day Undergrad Evening (A) (B) Divinity Pharmacy

Graduate Program: (Business Education Environmental Management Music Nursing)

(Please circle semester or term you are withdrawing from)

Fall (Evening (A) (B) Jan Term Spring (Evening (A) (B) Summer I Summer II Summer (10 Week)

***REQUIRED*: LAST DATE YOU ATTENDED CLASS(ES) in SEMESTER/TERM withdrawing from:** _____

Do you intend to return to Samford University? ☐ **Yes** ☐ **No**
If yes, when: Fall (A) (B) JanTerm Spring (A) (B) Summer I Summer II Summer (10 Week)

REASON FOR DROP - WITHDRAWAL: (If you are transferring to another institution, please give us the name of the institution. This is important for accurate termination tracking) _____

If I have received Federal Financial Aid, I will be required to repay such aid to the extent required in Federal Regulations 668.21. If I have received any other type of financial aid or scholarship, I may be required to repay such aid to the extent required. I understand the catalog statement concerning my financial responsibility and will pay this amount either at the time of drop/withdrawal and/or as soon as I receive an invoice of tuition and fees that have not already been paid.

_____ _____
Signatures of Program Advisors (select correct persons from list below) *Signature of Student* **(Samford Fax number: 205 726-2908)**

Undeclared or Arts & Sciences Undergraduates – Assistant Dean, Arts & Sciences; Other Undergraduate Students (Day or Evening) – Program Advisor; Graduate/Doctoral Students – Program Advisor; NOTE: Student-athletes must obtain the signature of the Athletic Administrator in addition to that of their Program Advisor (if different)

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FOR OFFICE USE ONLY: **Date Received in Student Record's Office:**_____

Date Completed Form Received from Bursar's Office:_____

_____**Courses Dropped: Removed: Course Record/Enrollment Record/EL**

_____**Course(s) Withdrawn Course WD Code:**_____ **ACADEMIC SERVICES:**_____

_____**Withdrawal Reason Code:** _____ **BURSAR OFFICE:**_____

_____**Student Status Code: IS Sem. Applied:**_____ **FINANCIAL AID:**_____

_____**Dropped/Nonpayment/Bursar's Office** **First Time Samford University student: Yes**_____ **No**_____

_____**Not Registered for Courses** **Housing: Yes**_____ **No**_____ **E.G.** _____

_____**Expelled/Suspended/Hold Placed** _____ **Advisor's Name:**_____

Notify: ____Original/Bursar's ____Office Copy ____Admissions e-mail Advisor Fax-Residence Life e-mail Instructor e-mail/Career Dev., Post Office, Student Health Services Fax-Graduate e-mail/Degree Audit e-mail/VA Benefits

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PLEASE FORWARD A COMPLETED COPY OF THIS DROP - WITHDRAWAL FORM TO ACADEMIC SERVICES TO BE FILED IN THE STUDENT'S PERMANENT FILE FOLDER IN STUDENT RECORDS.

_____ **CREDIT: ____100% ____90% ____75% ____50% ____25% ____0%**

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REFUND: Total Charges: _____ _____ _____ **(tuition/related fees; housing/board)**

Amount Refunded: _____ _____ _____ *Revised 09/12/13*