



## WITHDRAWAL FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Class of \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Type of Withdrawal (check one option below):		Date Last Attended Classes:
<input type="checkbox"/> Academic Withdrawal	<input type="checkbox"/> Personal Leave of Absence	_____
<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Resignation	_____

Semester and Year of Withdrawal (example: Spring 2018): \_\_\_\_\_

Semester and Year of Return (if applicable): \_\_\_\_\_

Reason(s) for withdrawing from Webb Institute:

<input type="checkbox"/> Health	<input type="checkbox"/> Social Reasons
<input type="checkbox"/> Academic Reasons	<input type="checkbox"/> Financial Reasons
<input type="checkbox"/> Transferring to _____	<input type="checkbox"/> Career
<input type="checkbox"/> Personal/Family Reasons	<input type="checkbox"/> Military Service
<input type="checkbox"/> Other (please provide more information below)	<input type="checkbox"/> Foreign Aid Service

Please provide a more detailed explanation for your withdrawal (continue on back):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that by submitting this form to the Office of Student Affairs, I will be withdrawn from all classes in which I am enrolled for the term I have specified above, and I am responsible for all fees assessed according to the refund schedule. I also understand that my withdrawal may affect the following: my eligibility to remain on campus and use campus facilities, and my current and future financial aid awards (and I may be liable for fees owed because of the return of financial aid funds).

Having read this form as well as the STUDENT WITHDRAWAL INFORMATION CHECKLIST, I confirm that I have followed up with all contacts applicable to me noted on the checklist and officially request that I be withdrawn from Webb Institute for the term indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_