MURRAY STATE COLLEGE

Complete Withdrawal Form

Semester: _____ Year: _____ Date Submitted: _____

_____

Name: Last First Middle

Student ID Number: _____ Phone Number: _____

Mailing Address: _____

Street or PO Box City State Zip

I hereby request to be withdrawn from college for the following reason(s):

_____ Work Related
_____ Moving
_____ Failing
_____ Financial Reasons
_____ Medical Reasons
_____ Family Medical/Health Reasons
_____ Family Problems
_____ Transportation Problems
_____ Transferring to Another School
_____ Military Reasons
_____ Personal Reasons
_____ Dissatisfaction with Schedule/Classes
_____ Dissatisfaction with Instructor/College
_____ Other: _____

By signing this form, I am aware that withdrawing from all of my courses could affect my financial aid, academic standing, on campus housing and other areas. I understand that if I receive financial aid and withdraw from all of my classes I may not receive further financial aid disbursements, may lose some or all of the aid that has already been disbursed and will be responsible for payment of any balance due after the required return of the unearned federal student aid funds. I am aware I should meet with representatives from these areas prior to turning in this form and that the Registrar's office will send a notification to representatives in these areas.

Student Signature: _____

FOR USE BY REGISTRAR'S OFFICE

Notified: Business Office ____ Financial Aid ____ Processed by _____