

<b>REGISTRAR STAFF ONLY</b>
Date Received: _____
Received By: _____
Date Processed: _____

## Student University Withdrawal Request

Please complete all required fields in pen and obtain all required prior to submitting form to the Office of the Registrar. This form is to request a full withdrawal from all university courses you are enrolled in for the current semester, as defined in [FPU-5.01032AP Student Withdrawal from the University Policy](#).

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT UID: \_\_\_\_\_ EMAIL: \_\_\_\_\_@floridapoly.edu

### Step 1: Enter Withdrawal Information

**Request to withdraw effective:**  Immediately  Immediately after the end of the current semester

Do you plan to return to Florida Poly?  Yes  No If yes, when? Term: \_\_\_\_\_ Year: \_\_\_\_\_

Are you receiving Veteran's Benefits:  Yes  No

Do you have a meal plan?  Yes  No Do reside in on-campus housing?  Yes  No

**Reason for Withdrawal:**  Academic  Health  Financial  Relocation  Work/Life Conflict

Military  Registration Related  Transportation Problem/Distance

Transferring to another college/university: If so, where? \_\_\_\_\_

Other: \_\_\_\_\_

### Step 2: Obtain All Required Signatures (in the order listed below)

Department	Office Personnel Printed Name	Office Personnel Signature	Date Signed
Student Development Office			
Bursar's Office			
Academic Success Center			
Financial Aid Office			
International Student Office			

### Step 3: Student Confirmation

By signing below, I am confirming my request to be withdrawn from Florida Polytechnic University.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_