

Student Withdrawal Form

(Withdrawal from University pursuant to FPU-5.01032)

Students must use this form when withdrawing from all courses enrolled in at the University during the current semester as described in University policy **FPU-5.01032AP Student Withdrawal from the University**.

The student must complete this form and get it signed by University officials as indicated below under "Required Approvals and Signatures." The student must obtain approval from Student Affairs **FIRST**. The student must submit the completed form to the Office of the University Registrar.

Student UID Number: _____ Email: _____@floridapoly.edu

Student Last Name: _____ First Name: _____

Major: _____ Phone Number: _____

Request to withdraw effective: Immediately Immediately after the end of 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 live in on-campus housing? Yes No
Do you have a meal plan? Yes No

Reason for Withdrawal:

Work/class conflict Health Financial Transportation problem/distance

Registration related Relocation Academic Military

Transferring to another College/University. If so, where? _____

Other: _____

Required Approvals and Signatures: (Start with Student Affairs)

Student Affairs: _____
Name Signature Date

Bursar's Office: _____
Name Signature Date

Success Coach: _____
Name Signature Date

Financial Aid Office: _____
(If receiving financial aid) Name Signature Date

International Student Office: _____
(If International Student) Name Signature Date

I request that I be withdrawn from the University.

Student's Signature: _____ Date: _____

After obtaining signatures, submit form to Office of the University Registrar.

Registrar to Complete:

Completed form received by Registrar on: _____

Processed in CAMS on: _____ by: _____