

Cheyney University of Pennsylvania

OFFICIAL UNIVERSITY WITHDRAWAL FORM

Semester _____ Year _____

Name _____ ID Number _____ Phone Number _____

Home Address* _____

*Where you expect to receive notification Street City State Zip

University Address _____

Street City State Zip

Major _____ Classification: Freshman ___ Sophomore ___ Junior ___ Senior ___

Registered for _____ credit hours Residence Hall _____ Commuter _____

Reason(s) for Withdrawal: Medical _____ Financial _____ Personal _____

Other (i.e. Military Obligations) _____ Expected Date of Return _____

Student's Signature

Parent/Guardian (if student is a minor)

APPLICANT MUST SECURE THE FOLLOWING SIGNATURES:

1. The above named student has conferred with me.

Date

Academic Advisor/Department Chairperson

2. This student has returned all books on his/her library card and has paid all charges.

Date

University Librarian

3. The student has cleared obligations with the Office of Financial Aid.

Date

Financial Aid Officer

4. _____
Date Housing Director/Residence Hall Director

5. This student has adjusted his/her account and/or acknowledges charges set up by the Business Office. The meal ticket and the student ID card has been returned.

Date

Bursar/Business Office

6. This student acknowledges the provisions of the University catalog that will apply to his/her academic record.

Date

Office of the Provost

PLEASE NOTE THAT OFFICIAL WITHDRAWAL IS NOT COMPLETED UNTIL ALL SIGNATURES HAVE BEEN OBTAINED AND YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM THE OFFICE OF THE PROVOST.

OFFICIAL WITHDRAWAL DATE _____

(To be completed by Provost's Office only)

Rev. 11/08/04