

# WITHDRAWAL REQUEST

**Instructions:** Please fill out all of the information, complete all sections, and sign and date.

NAME: \_\_\_\_\_

*Last*

*First*

ID: N  EMAIL: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

TELEPHONE #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Do you receive VA education benefits? Yes  No

**1. Contact the Office of Financial Aid to discuss your financial aid obligations (*repayment of federal aid and Bright Futures, etc.; student loan exit counseling*) and your future eligibility for federal aid and scholarships.** If you withdraw, you may be responsible for repaying all or part of your aid. You may be liable for repaying a greater portion of your aid if you stop attending classes and tutorials prior to official withdrawal; in addition, if you hold a student loan, the start date of your repayment grace period may be backdated to the time you stop attending classes and tutorials.

**Location:** ROB 110    **Phone:** 941-487-5006

**2. Contact the Office of Housing and Residential Life to schedule an appointment to check out of your room.**

**Location:** HCL 001    **Phone:** 941-487-4259

\_\_\_\_\_  
*Office of Residential Life and Housing signature required*

\_\_\_\_\_  
*Date*

**3. Visit the Office of the Registrar to submit this form and complete a brief exit interview.**

**Location:** Palmer Building D    **Fax:** 941-487-4478

\_\_\_\_\_  
*Office of the Registrar signature required*

\_\_\_\_\_  
*Date*

**Primary Reason for Withdrawal:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Academic Challenges           | <input type="checkbox"/> Financial Hardship      | <input type="checkbox"/> Personal Hardship                      |
| <input type="checkbox"/> AOC Not Available             | <input type="checkbox"/> Health/Medical Personal | <input type="checkbox"/> Social Climate                         |
| <input type="checkbox"/> Employment Conflicts          | <input type="checkbox"/> Health/Medical Family   | <input type="checkbox"/> Transferring to Other Institution      |
| <input type="checkbox"/> Family Issues                 | <input type="checkbox"/> Military Service        | <input type="checkbox"/> Active Duty/Foreign Aid Service/Church |
| <input type="checkbox"/> Degree Requirements Fulfilled | <input type="checkbox"/> Other _____             |   |

***If you are withdrawing during the term,*** the official date of withdrawal will be the earliest of these three dates: 1) the date you first notified the Office of the Registrar, 2) the earliest date on this form, or 3) the last date of academic activity if you stopped attending classes/tutorials.

***If you are withdrawing after the end of the semester,*** the official date of withdrawal will be the earlier of these two dates: 1) the last day of classes of the semester, or 2) the last date of academic activity if you stopped attending classes/tutorials prior to the end of the term.

**A student who has withdrawn may not live on campus, nor use College facilities or services (including NCF email), with the exception of the library. Withdrawn students may not support or participate in social events on campus.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (06/24/2019 BDS)

**FOR OFFICE USE ONLY** (*withdrawal form rev for app.docx*)

Effective Date of Withdrawal: \_\_\_\_\_ Office of the Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Holds Checked \_\_\_\_\_ Notifications Sent to Departments: \_\_\_\_\_  
(initials) (date) (initials) (date) (initials) (date)