

UA Rich Mountain

WITHDRAWAL/COMPLETE WITHDRAWAL FORM

Fall Spring Summer I Summer II _____
Year

STEP ONE: COMPLETE STUDENT INFORMATION

Student ID _____

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Withdraw from 1 or more classes but still enrolled in college Total withdrawal from college

Administrative withdrawal

Reason for Withdrawing: (Check one)

- Health Reasons Moved from area Financial Reasons
 Job Requirements Child Care Issues Personal Reasons
 Transportation Problems Other _____

Comments: _____

STEP TWO: MEET WITH INSTRUCTOR. INSTRUCTOR **MUST** SIGN FORM

Course Number	Course Name	Instructor's Name	Instructor's Signature	Grade at time of withdrawal (P/F)

STEP THREE: SIGNATURES **MUST** BE OBTAINED FROM THE FOLLOWING DEPARTMENTS:

Advisor _____ Financial Aid _____ Business Office _____ SSS _____ AVCSA _____ Housing _____

Library _____ Career Pathways _____ Bookstore _____ Math Dept. _____

STEP FOUR: SIGN. RETURN FORM TO REGISTRAR'S OFFICE TO COMPLETE WITHDRAWAL PROCESS

STUDENT SIGNATURE: _____ DATE: _____

POSTED BY _____ DATE _____