

WITHDRAWAL FORM

If you are withdrawing because you or your spouse is being called into military service, please include this in the reason for withdrawal, and please provide appropriate proof to the registrar or designated official.

TERM: (circle one) FALL SPRING SUMMER-1 SUMMER-2 YEAR: _____

Name: _____ Social Security Number: _____

Address: _____
Street City, State Zip

Reason for Withdrawal: (Circle) Grades Financial Illness Personal Other:

Classification: Freshman Sophomore Junior Senior Post-Baccalaureate Master/Graduate Spec/N-Deg

Advisor: _____ Major: _____

Do you live on campus? Yes No Are you receiving financial aid? Yes No

Student Signature: _____ Date: _____

Registrar: _____ Date: _____

THIS DOCUMENT IS NOT OFFICIAL UNTIL RECEIVED BY THE REGISTRAR'S OFFICE. YOUR COPY IS YOUR RECEIPT.

If you withdraw from the University, the following notations will occur on your transcript. Consult the University Calendar for exact dates.

Fall and Spring Semesters:

First 11 class days – no courses listed
Beginning the 12th class day, the withdrawal day will be noted.
12th class day through 10th week of classes – “W” notation listed by course
11th week through final deadline – If passing, “W”; if failing, “F” by course
Last three days of the semester – no drop or withdrawal is allowed

Summer Semesters:

First 5 class days – no courses listed
Beginning the 6th class day, the withdrawal day will be noted.
6th class day through 18th class day – “W” notation listed by course
19th class day through end of term – no drop or withdrawal allowed

For office use:

Current Term Student: Y N

Enrolled Credit Hours: _____

Schedule Copy: _____

WD Date: _____

Depart Date Entered: _____

Dropped Classes: _____

Or
Graded Classes: _____

Posted to History: _____

Comment on Transcript: _____

E-mail Sent: _____

View Transcript: _____

Date Processed: _____

By: _____

Office of the Registrar, P.O. Box 3598, Monticello, AR 71656
Telephone: 870-460-1035, Fax: 870-460-1935