

UNIVERSITY WITHDRAWAL FORM



I. STUDENT INFORMATION

Student Name: _____ Student ID: _____

Phone: _____ Name of Advisor(s): _____
Faculty Academic

Current Address: _____
Street City State Zip Code

Are you an international student? Yes No

II. SEMESTER INFORMATION

Indicate the year and semester you are withdrawing from:

Year: _____ Semester: Summer May
 Fall Winter
 Spring

Session: I III
 II Extended

III. REASON FOR WITHDRAWAL

Select the reason you are withdrawing: (Please select only one box below)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Individual Health | <input type="checkbox"/> Military |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family Medical | <input type="checkbox"/> Returning to home state/country |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Personal/Family | <input type="checkbox"/> Transferring to another University |
| <input type="checkbox"/> Other: _____ | | |

IV. STUDENT SIGNATURE

I understand that even though I withdraw, I am obligated to pay all charges on my student account. Additionally, I understand that students who receive financial aid and withdraw from the institution will have their financial aid adjusted according to federal regulations. This may leave an outstanding balance on my student account, and I will be billed for any remaining balance.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

OFFICE OF FINANCIAL AID

Contact financialaid@txwes.edu for questions concerning your financial aid when withdrawing from the University.

Is the student receiving financial aid? Yes No

Is an exit interview required? Yes No

Financial Aid Counselor's Signature: _____ Date: _____

CASHIER'S OFFICE

Contact cashiersoffice@txwes.edu for questions concerning your account when withdrawing from the University. Financial policies can be found in the University academic catalog at <http://txwes.smartcatalogiq.com/en/>.

Student live on campus? Yes No

Student currently on a meal plan? Yes No

Cashier's Signature: _____ Date: _____

For Office of Student Records Use Only

Processed by: _____ Date: _____