



# GRADUATE WITHDRAWAL NOTICE

*Office of the Registrar*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

In which graduate program are you enrolled?  Counseling  Education  Business Admin.  Org. Leadership  Nursing

**INSTRUCTIONS FOR COMPLETION OF FORM:**

- Complete each area of the form and answer each question as presented.
- Return the completed form to the Office of the Registrar.

**REQUEST FOR WITHDRAWAL:** \_\_\_\_\_ (Semester/Year)

Reason(s) for withdrawal from Malone University: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Personal problems              | <input type="checkbox"/> Financial problems     |
| <input type="checkbox"/> Work problems                  | <input type="checkbox"/> Relocating out of area |
| <input type="checkbox"/> Transferring to another school |   |

Reason: \_\_\_\_\_

Dissatisfied with program

Reason: \_\_\_\_\_

Other

Comments: \_\_\_\_\_

I hope to return later. Expected return date: \_\_\_\_\_

Office Use Only

**COURSES TO WITHDRAW:**

Course Number	Course Title	Hrs.	Dates of Classes Attended	Office Use Only	
				% OF REFUND	APPROVAL

**RECEIPT OF NOTICE:**

Refunds will be based on the date of withdrawal notice by the student. Withdrawals are not official until this form, properly signed and authorized, is received by the Office of the Registrar. By signing this form, I acknowledge that I have read the catalog regarding withdrawals and refunds and have an understanding of this information and the impact presented by the policies. Any questions presented by me have been duly answered in regard to these policies. I understand that the effective date of withdrawal is based upon the date as stamped below by the Office of the Registrar upon that office's receipt of the completed document.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(OFFICE USE ONLY)

**WITHDRAWAL AUTHORIZATION:**

*Signatures of Authorization*

Student ID #: \_\_\_\_\_

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

Route to: \_\_\_\_\_ Registrar's Office    \_\_\_\_\_ Business Office    \_\_\_\_\_ Financial Aid Office

*This will certify that the above student has been granted permission to withdraw from Malone University and notification has been given to the above offices.*

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_