

NOTICE OF WITHDRAWAL

Degree Completion Programs

Office of the Registrar

Instructions: This form is required for students who wish to withdraw from all courses during the term. Complete each area of the form and answer each question as presented. Return the completed form to the Office of the Registrar.

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|---|--|---|-------------------------------------|-----------------|
| Last Name: | | First Name: | | Middle Initial: |
| Address: | | | City/State/Zip: | |
| Phone: | | | Number of hours enrolled this term: | |
| Program (check one): <input type="checkbox"/> Management <input type="checkbox"/> RN-BSN | | Request for Withdrawal (Semester/Year): | | |
| Do you receive Veterans Administration benefits? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? | | | | |
| Do you plan to return to Malone? (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | | | |

| | | | | |
|---|-------------------------------------|--------------------------|--|--|
| ► I desire to withdraw from Malone University for the following reason(s): Check all that apply. | | | | |
| <input type="checkbox"/> | Personal illness or hospitalization | <input type="checkbox"/> | Academic difficulties | |
| <input type="checkbox"/> | Death in the family | <input type="checkbox"/> | Transferring to another college/university | |
| <input type="checkbox"/> | Work schedule conflict | <input type="checkbox"/> | Financial hardship | |
| <input type="checkbox"/> | Social climate | <input type="checkbox"/> | Spiritual climate | |
| <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> | Military service (submit a copy of your military orders with form) | |
| Comments: | | | | |

| Receipt of Notice | |
|--|-------|
| Refunds will be based on the date this form is signed by the Registrar of the University. Withdrawals are not official until this form, properly signed and authorized, is received in the Office of the Registrar. By signing this form, I acknowledge that I have read the university catalog regarding withdrawals and refunds (also posted in the Office of the Registrar) and have an understanding of this information and the impact presented by the policies. Any questions presented by me have been duly answered through the signed authorization process required of this document. 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. I understand that all accounts must be paid in full before enrollment in another semester is permitted. | |
| Student Signature: | Date: |

| Withdrawal Authorization | |
|-----------------------------|-------|
| Program Director Signature: | Date: |

| | | |
|--|------------|-----------------|
| Office Use Only | ID Number: | Status Updated: |
| <i>This will certify that the above student has been granted permission to withdraw from Malone University.</i> | | |
| Registrar Signature: | Date: | |