

WITHDRAWAL FORM

Office of the Registrar, Heritage House
P.O. Box 1628, Dunn, North Carolina 28335 (910) 892-3178; (910) 491-9665 (Fax)

- NOTE: These changes are not official until all steps are completed, including payment of any charges that are due. If you do not complete this process, you may receive "F" grades in your classes.

Academic Period: ___ Fall ___ Spring ___ Summer ___ Year

Class Title: _____

PLEASE PRINT CAREFULLY- Complete all information requested below

Name:	Social Security #:
Street:	Home Phone:
City	Cell Phone:
State, Zip	Email:

REASON FOR WITHDRAWAL

_____ _____ _____ Signature of Student _____ Date: _____

Obtain clearance signatures as indicated below:

Department	Department Signature	Date	Charges
Instructor (Required)			
Library (Required)			
Financial Aid (Required)			
Housing (if applicable)			
Academic Advisor (Req'd)			
Business Office (Required)			

Report to the Business Office for clearance as your last stop before turning in your completed withdrawal form at the Registrar's Office. Notification of your withdrawal will be sent to the instructors of your courses only after this form has been accepted at the Registrar's Office.

CERTIFIED DATE of WITHDRAWAL _____ ISSUED BY _____ (Must be Completed)
This Form Must Be Processed One Week After It Is Issued
Received by: _____ Date: _____