



# OGLETHORPE

UNIVERSITY

## University Withdrawal

**THIS FORM IS TO BE COMPLETED BY STUDENTS WISHING TO COMPLETELY WITHDRAW FROM THE UNIVERSITY AFTER THE ADD/DROP PERIOD HAS ENDED.**

**Full Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **Term:** \_\_\_\_\_

**PLEASE LIST ALL OF THE COURSES IN WHICH YOU ARE CURRENTLY ENROLLED:**

<u>Course Prefix</u>	<u>Course Number</u>	<u>Section Number</u>	<u>Course Title</u>	<u>Instructor</u>
Ex: COR	101	001	Narratives of the Self	Chandler

**Reason for Withdrawal:** \_\_\_\_\_

**Date You Last Attended Class:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Do You Plan to Return to the University?** (Please Circle One) **YES NO** **If Yes, for Which Term?** \_\_\_\_\_

PLEASE OBTAIN THE SIGNATURES BELOW IN ORDER, then return this form to the Hub. Your withdrawal date will be on the date you submit the completed form to the Hub.

	<b>SIGNATURE</b>	<b>DATE</b>
<b>Advisor</b>		
<b>Student Housing</b> (If Applicable)		
<b>Athletic Director of Compliance</b> (Required for Athletes)		
<b>Financial Aid Counselor</b>		
<b>Enrollment Services</b>		
<b>Senior Staff</b> (VP Enrollment, VP Campus Life, Provost, Associate Provost)		
<b>DSO</b> (Required for Int'l Students)		
<b>Library Staff Member</b>		
<b>Registrar</b>		

### Student Acceptance of Responsibility

By completing a registration transaction using this form, I accept full responsibility for all relevant university policies regarding my registration. I have read and understand Section 4.8 of the university Bulletin. I agree to reimburse Oglethorpe University the fees of any collection agency, which may be based on a percentage at a max of 33.3% of the debt, and all costs and expenses, including reasonable attorney fees Oglethorpe incurs in such collection efforts. I acknowledge academic responsibility for my registered courses. My submission of this registration form indicates that I understand how these courses relation to my major and/or impact my academic progress toward completion of graduation requirements. It is my responsibility as a student to understand the university Bulletin's academic regulations and policies, including all graduation requirements. In order to be considered a full-time student to receive state, federal or university financial aid, I must enroll in 12+ hours per Fall or Spring semester and 6+ hours per Summer semester.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_