HOLY NAMES UNIVERSITY
WITHDRAWAL FORM

PLEASE COMPLETE

Name: _____ SSN: _____
Last (Family) First

Permanent
Address: _____
Street City State Zip

Phone – Day: (____)_____Evening: (____)_____

☐Graduate ☐Undergraduate ☐Resident Student Major: _____ Advisor:_____

Withdrawal is for (circle one): **FS** **SS** **FT** **WT** **ST** 20_____

Reason for your withdrawal: _____

_____

_____

Signature: _____ Date: _____

PLEASE OBTAIN SIGNATURES IN ORDER BELOW:

1. Academic Advisor: _____ Date: _____
2. International Student Advisor: _____Date:_____
   (International students only)
3. Vice President, Mission Effectiveness: _____Date:_____
4. Director of Library Services: _____Date: _____

   Fines: $_____
5. Director of Residence Life: _____ Date: _____

   Fines: $_____ Contract Forfeiture: $_____ End of Occupancy: _____
6. Financial Aid Director: _____ Date: _____
7. Student Accounts Manager: _____Date: _____

   Refund: %=_____ Amount =$_____ Now owes: $_____ HOLD*: _____
   ** A hold on your record will prevent release of transcripts until cleared.*
8. Registrar: _____ Date: _____

   Data Entry _____ Courses Dropped from Terms _____

COPIES: Advisor, Director of Residence Life, International Student Advisor, Financial Aid Director, Student Accounts Manager, Director of Library Services, Student

July 2004