WITHDRAWAL FORM

The withdrawal process begins and ends in the Center for Student Success (CSS), where staff will assist you in completing the withdrawal process. After the form is completed with all required approvals, a copy of the form will be provided to you for your records, and the original form will be retained on file in the Registrar's Office, where the withdrawal is made official. Besides the CSS, all students must receive exit counseling in the Financial Aid office. If you are a student athlete, receive veteran’s benefits, or are an international student, you are required to receive counseling in the pertinent office.

Name __________________________________________ ID Number ________________

Last date of class attendance/participation ________________ Verified ________________

Student Signature ___________________________ Date __________________

Required Consultations and Approvals

Center for Student Success _______________________________________________________

Financial Aid Planning Office ____________________________________________________

College/School Dean __________________________________________________________

Thrift Library __________________________________________________________________

Other approvals, if applicable: (staff approval required for checked items)

☐ ___________________________ Athletic Administration, Abney Center

☐ ___________________________ Veteran’s Benefits Coordinator

☐ ___________________________ Director of International Programs

☐ ___________________________ Office of Residence Life

☐ ___________________________ Post Office

CSS will note below the category of withdrawal that is authorized.

☐ Student-initiated Withdrawal:
   Student must seek readmission to Anderson University in order to re-enroll

☐ Administrative Withdrawal:
   Student must seek readmission through administrator who initiated withdrawal

☐ Temporary Leave:
   Student may re-enroll within one year without seeking readmission after receiving clearance to return

Permission to return must be granted by: Office of __________________________________

Date Processed: ___________________________