

Request to Withdraw from Course(s) or Entire Term

Name: _____

Today's Date: _____

ASUN Student ID or SSN: _____
(must provide ONE)

Date of Birth: _____

Major: _____

Advisor: _____

- If you are seeking/receiving FINANCIAL AID, you should contact financial aid personnel BEFORE officially withdrawing from ANY courses!
- Any forms received after the last day to withdraw as published in the current ASUN Catalog {available online at www.asun.edu} will not be processed.
- Withdrawing from a course or semester does not relinquish financial obligations created by enrolling.

Course Index	Title	Semester
Example HIST 2083	Example History of Arkansas	Example Fall 2011

FOR OFFICE USE ONLY

START DATE	STOP DATE	ACTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature

Date

Please select the reason(s) you are withdrawing from your academic course(s).

- | | |
|--|---|
| <input type="checkbox"/> Academic program is too challenging | <input type="checkbox"/> Financial Considerations |
| <input type="checkbox"/> Medical Issues | <input type="checkbox"/> Campus location and proximity to my home |
| <input type="checkbox"/> A full-time work opportunity | <input type="checkbox"/> Family or home-life responsibility |
| <input type="checkbox"/> Other _____ | |

Do you plan to reenroll at ASUN the next academic term? Yes No Unsure

Are you transferring to another college (after this term)? Yes No Unsure

If yes, where? _____

Once complete please email to Registrar@asun.edu

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Rcvd	Processor	Date Processed	Copy to FAO