

Withdrawal Request (for one or more courses) - Email to registrar@asun.edu

FULL Name: _____

Today's Date: _____

ASUN ID or SSN: _____
(must provide ONE)

Date of Birth: _____

Major: _____

Advisor: _____

- ✓ If you receive FINANCIAL AID, check with: sap@asun.edu BEFORE officially withdrawing from ANY courses!
- ✓ Forms submitted after the last day to withdraw will not be processed. See Academic Calendar online at www.asun.edu for important term dates.
- ✓ Withdrawing from a course or semester does not relinquish financial obligations created by enrolling.

Term	CRN	Course Index	Course Title	Registrar Staff Notes
Example: <i>Flex Term 2</i>	Example: <i>64012</i>	Example: <i>ENG 1003</i>	Example: <i>Composition 1</i>	

Please select the reason(s) you are withdrawing from the complete semester.

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic dismissal | <input type="checkbox"/> Leaving school for foreign aid service | <input type="checkbox"/> Conflict with work |
| <input type="checkbox"/> Called to active military service | <input type="checkbox"/> Leaving school for church missions | <input type="checkbox"/> Family issues |
| <input type="checkbox"/> Leaving school to serve in the armed forces | <input type="checkbox"/> Conflict with instructor | <input type="checkbox"/> Financial aid |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Moving |
| | | <input type="checkbox"/> Permanent disability |

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

Is yes, where? _____

Student Signature

Date