

Complete Term Withdrawal Request (Request to Withdraw from ALL Classes) – Email to registrar@asun.edu

FULL Name: _____

Today's Date: _____

ASUN ID or SSN: _____

Date of Birth: _____

Major: _____

Advisor: _____

- ✓ If you are receiving FINANCIAL AID, check with: sap@asun.edu BEFORE officially withdrawing from any or all courses!
- ✓ Forms received after the last day to withdraw will not be processed. See Academic Calendar: [https://www.asun.edu/sites/default/files/Academic%20 Calendar 2023-2024.pdf](https://www.asun.edu/sites/default/files/Academic%20Calendar%202023-2024.pdf)
- ✓ Withdrawing from a complete semester does not relinquish financial obligations created by enrolling

Please mark the semester (including any flex, fast, or short terms) from which you wish to withdraw completely.

_____ Fall

_____ Spring

_____ Summer (I & II)

Student Signature

Date

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

- Academic dismissal
- Conflict with instructor
- Conflict with work
- Family issues
- Financial aid
- Moving
- 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

Is yes, where? _____

For Office Use ONLY

Rcvd	Processor	Date Processed