

# 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 applied for Financial Aid you should contact them at [sap@asun.edu](mailto:sap@asun.edu) to check on any impact withdrawing might have.
- ✓ Forms received after the last day to withdraw will not be processed. Withdrawal dates are in the Academic Calendar at [asun.edu/catalogs](http://asun.edu/catalogs)
- ✓ Withdrawing from a course or semester does not relinquish the financial obligations to the course.

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

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? \_\_\_\_\_

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Rcvd	Processor	Date Processed	Copy to FAO