

Withdrawal Request - Email to registrar@asun.edu

FULL Name: _____

Today's Date: _____

ASUN ID or SSN: _____
(must provide ONE)

Date of Birth: _____

Major: _____

Advisor: _____

- ✓ If you are receiving FINANCIAL AID, check with: *sap@asun.edu* BEFORE officially withdrawing from ANY courses!
- ✓ Forms received after the last day to withdraw will not be processed. See Academic Calendar: https://files.asun.edu/academics/academic_calendar/2022-2023_AcademicCalendar.pdf
- ✓ Withdrawing from a course or semester does not relinquish financial obligations created by enrolling.

CRN	COURSE INDEX	TERM
Example: 10437	Example: ENG 2003	Example: FALL 23

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="radio"/> Academic dismissal | <input type="radio"/> Family Issues |
| <input type="radio"/> Conflict with instructor | <input type="radio"/> Financial Aid |
| <input type="radio"/> Conflict with work | <input type="radio"/> Moving |
| <input type="radio"/> 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? _____

For Office Use ONLY			
Rcvd	Processor	Date Processed	██████████