



OFFICE OF REGISTRATION AND RECORDS

NOTE: Please review the Withdrawal Policies and Procedures information before completing this form. Do not complete this form unless you want to drop ALL of your courses AND you HAVE NOT already completed a block or intersession course. Before you continue with the process of withdrawing from all classes, you are encouraged to speak with an academic advisor. You may consider dropping a course (or two) rather than a full withdrawal.

Last Name First Name MI Student ID# Date

PERMANENT ADDRESS

Street City State Zip

Semester of withdrawal: Year:

Reason for withdrawal

Were your fees paid or to be paid by any of the following sources?

- Financial Aid (Grants/Loans/scholarships/A+)
Veteran's Affairs
Faculty/Staff Benefit Fee Waiver
Senior Citizens Program

Do you live in University housing? Yes No

If yes, you must check out with the Coordinator of Student Life and Development within 24 hours of this withdrawal.

I have read and understand the Withdrawal Policies and Procedures. I further understand that I will remain responsible for any and all debts incurred at Missouri State University-West Plains; I accept all consequences resulting from this withdrawal.

Counselor Signature/Date: (dual credit/enrollment only)

Parent/Legal Guardian Signature/Date: (dual credit/enrollment only)

Student Signature/Date:

FOR FINANCIAL AID/BUSINESS OFFICE USE ONLY

Must be cleared by Financial Aid Office:

- PELL SEOG VET BEN
SCHP VR STAF
A+ WS OTHER

Federal Refund? Yes No

PROCESSED BY: Initials Date

BUSINESS OFFICE: Initials Date

FOR RECORDS OFFICE USE ONLY

ACTION: Withdrawal Cancel Administrative

TYPE: Person Mail Email Fax Bus. Off. Administrative Other:

GRADES: Delete W's

REFUND: 100% 75% 50% 25% 0%

PROCESSED BY: Initials Date