

Missouri State University

WITHDRAWAL REQUEST

128 Garfield West Plains, MO 65775 417-255-7979 • Fax 417-255-7977

OFFICE OF REGISTRATION AND RECORDS

NOTE: Please review the Withdrawal Policies and Procedures information before completing this form. Do not complete this form unless your 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 with	hdrawal:		Year:_			
Reason for withdrawal						
Were your fees	paid or to be paid l	y any of the fo	ollowing source	es?		
	ancial Aid ants/Loans/scholar	ships/A+)	☐ Vetera	nn's Affairs		
☐ Faculty/Staff Benefit Fee Waiver ☐ Senior Citizens Program						
Do you live in U	Jniversity housing	? □ Yes [□ No			
If yes,	you must check ou	t with the Coor	dinator of Stu	dent Life and D	Development within 24	hours of this withdrawal.
and all debts in	curred at Missour	State Univers	ity-West Plain	s; I accept all d	consequences resulting	ill remain responsible for any g from this withdrawal.
Student Signatu	re					
FOR FINANCIA	AL AID/BUSINES	SS OFFICE US	E ONLY			
	ared by Financial				Federal Refund? Ye	☐ Yes ☐ No
PELL ₋	SEOG	VE	ET BEN		PROCESSED BY:	Initials Date
SCHP	VR	ST	`AF		DIJONJEGO OFFICE	
A+	WS _	O	ΓHER		BUSINESS OFFICE	: Initials Date
FOR RECORDS	S OFFICE USE O	NLY				
ACTION:	\square Withdrawal	□ Cancel □	☐ Administrat	tive		
TYPE:	□ Person □	Mail 🗆 Ema	ail 🗆 Fax	☐ Bus. Off.	☐ Administrative ☐]Other:
GRADES:	☐ Delete	□ W's				
REFUND:	□ 100%	□ 75%	□ 50%	□ 25%	□ 0%	
PROCESSED BY:		Initials	Date			
White-Records	Gold-Student					R/R 07/2016