

WITHDRAWAL REQUEST

128 Garfield West Plains, MO 65775 417-255-7979 • wprr@missouristate.edu

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 ADDRES	S			
Street	Cit	y	State	Zip
Semester of withdrawal: _		Year:		
Reason for withdrawal				
Were your fees paid or to l	pe paid by any of the following	sources?		
☐ Financial Aid (Grants/Loans	/scholarships/A+)	Veteran's Affairs		
☐ Faculty/Staff	Benefit Fee Waiver □	Senior Citizens Pr	rogram	
Do you live in University	housing? Yes No			
	check out with the Coordinator and the Withdrawal Policies and		•	
	Missouri State University-West			
Student Signature				
FOR FINANCIAL AID/B	USINESS OFFICE USE ONLY	Y		
Must be cleared by Financial Aid Office:			Federal Refund? □	Yes 🗆 No
PELL	SEOG VET BEN		PROCESSED BY:	
	VR STAF			Initials Date
			BUSINESS OFFICE:	T. 111 1
A+	WSOTHER _			Initials Date
FOR RECORDS OFFICE	USE ONLY			
ACTION: ☐ With	drawal □ Cancel □ Admin	nistrative		
TYPE: □ Person □ N	Mail □ Email □ Fax □	Bus. Off. □ A	dministrative Other:	
GRADES: □ Dele	te			
REFUND: □ 100%	6 □ 75% □ 50% □	25% □ 0%		
PROCESSED BY:				
Initial	s Date			