Missouri State University
WEST PLAINS

WITHDRAWAL REQUEST

OFFICE OF REGISTRATION AND RECORDS

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

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 and year of withdrawal _____

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.

Student Signature _____

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

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

GRADES: ☐ Delete ☐ W's ☐ Other

REFUND: ☐ 100% ☐ 75% ☐ 50% ☐ 25% ☐ 0% ☐ Other _____

PROCESSED BY: _____ (Initials) _____ (Date)

White-Records Gold-Student R/R 09/2010