

## WITHDRAWAL FROM SHAW

\_\_\_\_\_  
First Name                      Last Name                      Student ID#

\_\_\_\_\_  
Telephone#- where we can reach you if we have questions

Originating Date \_\_\_\_\_

**Form must be returned to the Office of the Registrar within 5 business days or form will be void**

<b>Reason for Withdrawal</b> (check one)
Medical _____ Financial _____ Personal _____ Transferring _____ Academic _____
Please add additional information _____
_____
_____
_____
_____

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This withdrawal will not be processed until all appropriate signatures below are obtained.**

\_\_\_\_\_  
**Academic Advisor/Division Head**

\_\_\_\_\_  
**Bursar**

\_\_\_\_\_  
**Counseling Center**

\_\_\_\_\_  
**First Year Programs** (Freshmen Only)

\_\_\_\_\_  
**Financial Aid**

\_\_\_\_\_  
**Residence Life** (on-campus students only)

\_\_\_\_\_  
**Student ID Office**

\_\_\_\_\_  
**Registrar**

\_\_\_\_\_  
**Student Coordinator** (Main Campus Students)

\_\_\_\_\_  
**Athletics Department**

\_\_\_\_\_  
**Effective Date**