

**WITHDRAWAL DATA WORKSHEET ;**

For internal departmental use only. Do not send to Registrar or Graduate Division

TERM (circle one): FALL SPRING 20\_\_

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SID NO: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

LOCAL ADDRESS: \_\_\_\_\_  
No. AND STREET  
CITY STATE ZIP

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COLLEGE, SCHOOL, DIVISION: \_\_\_\_\_

MAJOR: \_\_\_\_\_

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REASON FOR WITHDRAWAL:

MEDICAL: \_\_\_\_\_

PARENTAL LEAVE: \_\_\_\_\_

RESERVIST CALLED TO MILITARY DUTY: \_\_\_\_\_

RESEARCH: \_\_\_\_\_

PERSONAL: \_\_\_\_\_

OTHER: \_\_\_\_\_

(EXPLAIN) \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

RELEASE DATE WILL BE TEN DAYS AFIER EFFECTIVE PATE

ENTERED BY (name/date): \_\_\_\_\_

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DOES STUDENT RECEIVE ANY OF THE FOLLOWING?:

FELLOWSHIP /GRANT? YES NO SPONSOR/AGENCY: .\_\_\_\_\_

TRAVELLING/ FELLOW/GRANT? YES NO SPONSOR/AGENCY: .\_\_\_\_\_

LOAN? YES NO SPONSOR/ AGENCY: .\_\_\_\_\_

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DOES THE STUDENT PLAN TO RETURN? YES NO IF YES, WHEN - SEMESTER?: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_