WITHDRAWAL DATA WORKSHEET (SAMPLE)

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

TERM (circle one): FALL SPRING 20__

****

SID NO: _____

NAME: _____
LAST *FIRST* *MIDDLE*

LOCAL ADDRESS:

_____
No. AND STREET

_____
CITY *STATE* *ZIP*

****

COLLEGE, SCHOOL, DIVISION: _____

MAJOR: _____

****

REASON FOR WITHDRAWAL:

MEDICAL: _____

PARENTAL LEAVE: _____

RESERVIST CALLED TO MILITARY DUTY: _____

RESEARCH: _____

PERSONAL: _____

OTHER: _____

(EXPLAIN) _____

DATE SUBMITTED: _____
RELEASE DATE WILL BE TEN DAYS AFTER EFFECTIVE DATE

ENTERED BY (name/date): _____

****

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:_____

****

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