



## Petition for Withdrawal

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to withdraw from my enrollment in the \_\_\_\_\_ degree program, effective \_\_\_\_\_ (date).

I desire to withdraw for the following reason(s):

My plan for the current semester's classes is as follows:

I have discussed this matter either face to face, by phone or email, with my advisor, Director of Student Services, and **any lenders who may be affected**. My signature below indicates that I understand that my leave of absence constitutes an **"inactive student status"** for the above specified period. If I have outstanding Federal Student Loans, I also understand that I am responsible for notifying the lending agency of my leave status and that I will be responsible for any payments requested by the lender.

My forwarding address will be:

I shall follow through in securing the signatures of those listed, and then will return this form to the Registrar for transmittal and action by the Dean prior to my departure from campus.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

(over)

Revised 10/2/17



# Petition for Withdrawal

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The above named student has petitioned for withdrawal. Your signature below will indicate that the records warrant such action, that outstanding debts have been paid or payment negotiated, and that in your opinion, the reasons stated are acceptable.

N.B. International students must see the Director for International Student Affairs & relevant degree program directors. Students with Federal Student Loan(s) must see the Director of Financial Aid.

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	<b>Signature of Approval</b>	<b>Date</b>
Advisor	_____	_____
Director of Financial Aid	_____	_____
Dean of Student Services	_____	_____
Director of Field Education	_____	_____
Director of International Student Affairs	_____	_____
Library	_____	_____
Housing Director	_____	_____
Director of Enrollment	_____	_____
Management & Registrar	_____	_____

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Action by M.Div./M.A. Director:    Approved:    Denied:

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Copies to: \_\_\_\_\_ by \_\_\_\_\_ on \_\_\_\_\_

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