



**Office of the
University Registrar**
25 University Avenue, West Chester, PA 19383
Ph: 610-436-3541 Fx: 610-436-2370
www.wcupa.edu/registrar

WCU ID# _____

Required

TERM WITHDRAWAL FORM

Instructions: This form should only be used for complete withdrawal from the West Chester University for the term indicated below. All courses will be withdrawn from your record and given a grade of "W" for the indicated term. This form may be faxed to 610-436-2370, ATTN: TERM WITHDRAWAL. ***Incomplete forms will not be processed.***

****GRADUATE STUDENTS must go to the GRADUATE OFFICE to withdraw.****

Student Name: _____

Address: _____ Phone #: _____

Term: Fall _____ Spring _____ Summer _____
(Year) (Year) (Year & Session)

ARE YOU A NEW TRANSFER STUDENT THIS SEMESTER? YES NO

REASON FOR WITHDRAWAL: Please refer to Undergraduate Catalog for Withdrawal Policy.
Attach documentation if necessary.

- Medical Family Military Transferred to Another College
 Employment Financial Reasons Housing not available
 Personal Reasons Practical Experience Moving from Area Transportation Issues
 Other: _____

I am requesting to be withdrawn from West Chester University for the term indicated below. I understand that my withdrawal may affect my financial aid and that if I have any financial obligation to the University, my academic records will be sealed until such obligations have been cleared. I acknowledge that failure to provide all necessary information on/with this form may result in this form not being processed.

Living in campus residence? YES _____ NO _____	<ul style="list-style-type: none"> If Traditional Halls or South Campus Apts., this form must be signed by the Assistant Director of Housing (202 Lawrence) If Affiliated Halls or the Village, this form must be signed by the Director of Resident Services (University Hall) <p style="text-align: right; margin-top: 20px;">_____ Date: _____</p>
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Student's signature/Date (required): _____

Office Use Only	
Processed by: _____	Date: _____
Withdrawal Effective Date: _____	