

Undergraduate Term and/or University Withdrawal Request

Instructions: This form is to be used by undergraduate students to notify the University of their plan to withdraw from all of their classes for the term indicated and/or their plan to leave the University. Students withdrawing from the current term will be dropped from all courses, a grade of "W" will be assigned for each course if received after the Add/Drop deadline. Requests for term withdrawals must be received prior to the term withdrawal deadline.

Student Name: _____ **Phone:** _____

Indicate the current term and/or future terms in which you are enrolled but want to be withdrawn:

Fall _____ Winter _____ Spring _____ Summer _____ Not enrolled in future terms
(Year) (Year) (Year) (Year & Session)

Do you plan to return to West Chester University? Yes No, I do not plan to return

- * By checking "No" you are withdrawing from the University; to re-enroll you will need to apply through the Office of Admissions.
- * When checking "Yes" you have the ability to sit out for 2 consecutive full (fall/spring) terms before you are no longer considered an active student. After 2 full, consecutive terms without enrollment you will need to apply through the Office of Admissions in order to re-enroll.

REASON FOR WITHDRAWAL: Please refer to the Undergraduate Catalog for Withdrawal Policy.

Attach documentation if necessary.

Term:

- Medical Family Military Transferred Colleges
 Employment Financial Reasons Housing not available Personal Reasons
 Moving from Area Transportation Issues Covid-19 Impact (including illness, employment, loss of childcare, etc.)
 Other: _____

University:

- Academic Medical Financial Military Transferring Employment Personal
 Covid-19 Impact (including illness, employment, loss of childcare, etc.)

Please read the statements below. Please sign and date to confirm the information contained on this form is accurate and to demonstrate you understand/agree to the terms indicated.

- I am requesting to be withdrawn from West Chester University for the terms indicated.
- 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 understand that by indicating that I do not plan to return to West Chester University I will no longer be considered an active student and that if I wish to re-enroll I will need to apply through the Office of Admissions.
- I acknowledge that failure to provide all necessary information on/with this form may result in this form not being processed.

Student Signature: _____ **Date:** _____

Office Use Only

Processed by: _____ Date: _____

Withdrawal Effective Date: _____