

**Student Withdrawal Form**  
(Withdrawal from University pursuant to FPU-5.01032)

Students must use this form when withdrawing from all courses enrolled in at the University during the current semester as described in University policy **FPU-5.01032AP Student Withdrawal from the University**.

The student must complete this form and get it signed by University officials as indicated below under "Required Approvals and Signatures." The student must obtain approval from Student Affairs **FIRST**. The student must submit the completed form to the Office of the University Registrar.

Student UID Number: \_\_\_\_\_ University email: \_\_\_\_\_@flpoly.org

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Major: \_\_\_\_\_

Request to withdraw effective:  Immediately  Immediately after the end of current semester

Do you plan to return to Florida Poly?  Yes  No If yes, when? Term: \_\_\_\_\_ Year: \_\_\_\_\_

Are you receiving Veteran's Benefits?  Yes  No Do you live in on-campus housing?  Yes  No  
Do you have a meal plan?  Yes  No

**Reason for Withdrawal:**

<b>Work/class conflict</b>	<b>Health</b>	<b>Financial</b>	<b>Transportation problem/distance</b>
<b>Registration related</b>	<b>Relocation</b>	<b>Academic</b>	<b>Military</b>

**Transferring to another College/University. If so, where?** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Required Approvals and Signatures: (Start with Student Affairs)**

Student Affairs: \_\_\_\_\_  
Name Signature Date

Bursar's Office: \_\_\_\_\_  
Name Signature Date

Faculty Advisor: \_\_\_\_\_  
Name Signature Date

Library Circulation Desk: \_\_\_\_\_  
Name Signature Date

Financial Aid Office: \_\_\_\_\_  
(If receiving financial aid) Name Signature Date

International Student Office: \_\_\_\_\_  
(If International Student) Name Signature Date

**I request that I be withdrawn from the University.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**After obtaining signatures, submit form to Office of the University Registrar.**

**Registrar to Complete:**

Completed form received by Registrar on: \_\_\_\_\_

Processed in CAMS on: \_\_\_\_\_ by: \_\_\_\_\_