

**REGISTRAR STAFF ONLY**

Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_

## Graduate University Withdrawal Request

Please complete all required fields electronically or in pen and obtain all required signatures prior to submitting form to the Office of the Registrar. This form is to request a full withdrawal from all university courses you are enrolled in for the current semester, as defined in [FPU-5.01035AP Graduate Withdrawal](#) from the **University Policy**.

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ EMAIL: \_\_\_\_\_@floridapoly.edu

**Step 1: Enter Withdrawal Information**

**Request to Withdraw:**  Immediately  After the end of the current Term: \_\_\_\_\_ Year: \_\_\_\_\_

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

Are you receiving graduate assistantship?  Yes  No Are you receiving Veteran's Benefits:  Yes  No

Do you have a meal plan?  Yes  No Do you reside in on-campus housing?  Yes  No

**Step 2: Enter Withdrawal Reason**

The withdrawal reason provides the University with information only and has no bearing on the outcome of this process. University Withdrawals are a student-initiated decision, and the University follows its policies for processing these without judgment with respect to the student's stated reason.

- Reason for Withdrawal:**  Academic  Health  Financial  Relocation  Work/Life Conflict
- Military  Registration Related  Transportation Problem/Distance
- Transferring to another College/University: If so, where? \_\_\_\_\_
- Other: \_\_\_\_\_

**Step 3: Obtain All Required Signatures (in the order listed below)**

Department	Office Personnel Printed Name	Office Personnel Signature	Date Signed
<a href="#">Student Affairs</a>			
<a href="#">Student Business Services</a>			
Academic Advisor			
Department Chair			
Graduate Program Director			
<a href="#">Financial Aid Office</a>			
International Student Office (Only required for F-1 students)			

**Step 4: Student Confirmation**

By signing below, I am confirming my request to be withdrawn from Florida Polytechnic University.

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