

WITHDRAWAL FORM

Undergraduate/Graduate

Name:			_	Term:			
I.D. #:	Birth Date:		Student Support Service: Y N				
Permanent Addres	s:					(Circle one.)	
	Street/Box/Route		City		State	Zip	
Site:	Residence Hall:	Room	::	Phone:	()		
Residential stude	nts must check out of the resid	ence halls within 2	24 hours of v	vithdrawin	g from tl	he University.	
Hours currently enrolled: Major:		Major:		Class:	- Fr S	o, Jr, Sr, Grad	
Reason for Withdr	awal:					0, 31, 51, Grad	
amount of balance du For amounts owed, p It is hoped that thi Admissions at 423-86869-6324.	es not waive the student's financial reference or credit (refund) may not be reflered ease contact the Bursar at 423-869-65 s withdrawal is not permanent. Who 69-6280, or Graduate Education at 4.5 dow, I verify that I have read the information:	cted until all of the st 6305 to set up a reparent en you are able to reti 23-869-6374, or M.B	tudent's finance yment agreeme urn to the University. 3.A. at 423-869	ial adjustment to avoid a versity, pleas 0-6254, or Gr	nts have be additional dese contact: raduate Nu	cen posted. charges. Undergraduate arsing at 423-	
Cignotures Deguired				Student Accounts Office Use Only			
Check Out Points	Signatures Required Signature	Date	Fees	Original	Percent	Credit Amount	
Admissions (If Veteran or			Tuition	Charge	Credit		
International Student) Appropriate School Dean			Room				
(Graduate Busn/Educ/Nurs) Residential Life			Meals				
Student Accounts			Support Fee				
Financial Aid			Vehicle				
Student Services			Other				
Registrar				Total Credit \$			
Official Date of Withdrawal				Total Amount Due LMU (Pending Final Clearance)			
White: Registrar	Yellow: Student Accounts	Pink: Financial Aid	Gold	Student		02/10	