

COLLEGES

The freshman/sophomore UW campuses

WITHDRAWAL FORM

Financial Aid Students: Consult with your Financial Aid Advisor.

- If you withdraw from the University of Wisconsin Colleges, your eligibility for financial aid in the future may be affected.
- If you received financial aid this semester, it may need to be repaid.

Directions for completing this form: (You are encouraged to meet with an advisor in the Student Services Office.)

- Provide all information requested.
- Obtain the necessary signatures, if required.
- Return the Withdrawal Form to the Student Services Office.

The date of your withdrawal will be the date this form is received. If you mail the form, the date of withdrawal will be the date of postmark.

IF YOU RECEIVED FINANCIAL AID THIS SEMESTER, THE DATE THAT YOU NOTIFIED UW COLLEGES OF YOUR INTENT TO WITHDRAW WILL BE USED TO DETERMINE THE AMOUNT OF ANY REPAYMENT THAT YOU MAY OWE.

UW- _____ Semester of Withdrawal _____ Year of Withdrawal _____

Name _____ SS# _____
LAST FIRST MIDDLE

Address _____
STREET OR ROUTE/BOX CITY STATE ZIP

Check if you are receiving benefits from: Veterans Administration (VA) _____ Financial Aid _____

Are you currently in a consortium arrangement with another institution? Yes _____ No _____

Reason(s) for withdrawal. (Check all that apply.)

Finances	Parents	Transferring to another university	
Grades	Spouse	Attending a tech college	
Job	Children	Unhappy with classes	
Illness	Moving	Don't want to continue	
Other (Please explain)			

Courses Withdrawn	Signature of Instructor

TOTAL CREDITS _____

Did you attend any classes? Yes _____ No _____

Faculty and Staff: Please sign and date when the student contacts you.

Athletic Director _____
SIGNATURE DATE

Business Office _____
SIGNATURE DATE

Academic Advisor _____
SIGNATURE DATE

Financial Aid Advisor _____
SIGNATURE DATE

Librarian _____
SIGNATURE DATE

Student Services _____
SIGNATURE DATE

Textbook Librarian _____
SIGNATURE DATE

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Date student notified UWC of intent to withdraw (**Financial Aid Withdrawal Date**) _____

How notification was made: e-mail _____ letter _____ phone _____ in person _____

Notification was received by _____

Position Title _____ Department/Office _____

Date this form was returned to the Student Services Office (**Official Withdrawal Date**) _____