

STUDENT WITHDRAWAL FORM STUDENT FORM

Student ID: _____ Email (other than Barry): _____ Preferred Phone #: _____

Name: _____
Last First Middle

Address: _____ City: _____ State: _____ ZIP: _____

Term: Please check the appropriate term and if applicable the appropriate session.

Year: _____ Term: _____ Session: A B (Summer Only): I II Receiving VA Education Benefits: Yes? No?
(Fall/Spring/Summer) (Military/Veteran/Dependent)

Type of Withdrawal: Permanent University Suspension Leave of Absence* *please provide date of return: _____
Graduate Student: First Semester Undergraduate Student**: Undergraduate Student (Returning):

Indicate Reason(s) for withdrawing from Barry University: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Need a break from school | <input type="checkbox"/> Housing difficulties (affordability/conflicts) |
| <input type="checkbox"/> Desired courses/programs not available | <input type="checkbox"/> Safety concerns |
| <input type="checkbox"/> Dissatisfied with my academic performance | <input type="checkbox"/> Illness |
| <input type="checkbox"/> School conflicts with work | <input type="checkbox"/> Permanent disability |
| <input type="checkbox"/> Other responsibilities are too great | <input type="checkbox"/> Transferring to another institution |
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Called for active duty in armed forces |
| <input type="checkbox"/> Unable to obtain sufficient financial aid | <input type="checkbox"/> Registered but did not attend |
| <input type="checkbox"/> Few people with whom I can identify | <input type="checkbox"/> Other (Please explain) _____ |
| <input type="checkbox"/> Left for service in official church mission | |
| <input type="checkbox"/> Left for federal foreign aid service | |
| <input type="checkbox"/> Campus life/university experience is not what I expected | |
| <input type="checkbox"/> Want to be closer to home | |

I certify that the information given in this withdrawal is complete and accurate. I am aware that withdrawing from Barry University may affect my financial status at the University, and I take full responsibility for any additional financial obligation that may result because of my withdrawal. Please send completed form to your Academic Advisor for further processing.

Student _____ Date* _____ Advisor _____ Date _____
Signature Signature

Dean _____ Effective Date of Withdrawal (Required) _____
Signature

Date of Determination (date institution became aware that student ceased attendance) (Required) _____
If student received federal aid or was otherwise eligible for federal aid, Return of Title IV Funds calculation must be completed within 30 days

**Admissions Counselor _____ Date _____
(Signature needed if new semester undergraduate student withdrawing prior to last day of add/drop period)

To be completed by the Office of Financial Aid:

- Student received financial aid? Yes No
- If student received federal loans, student has been provided with loan exit materials. Yes No
- Student has been counseled on Standards of Academic Progress policies? Yes No
- Student has been counseled on how this withdrawal will affect future receipt of financial aid? Yes No

Financial Aid Counselor _____ Date _____

To be completed by the Office of the Registrar:

- Processed by: _____ Date _____
- Comments: _____

Copies to: Office of the Registrar: Student: Academic Advisor: Financial Aid: Health Office:

(If applicable): Residential Life Intercultural Center: Military/Veterans Services: