

Instructions for Completing the Student Withdrawal Form

1. Student meets with his/her academic advisor (or school designee) to complete the printed copy of the Student Withdrawal Form. If student is not local, his/her advisor (or school designee) upon receiving correspondence or telephone call from student may generate a printed copy of the Student Withdrawal form. **Important Note: Student should be advised of possible financial aid implications and recommend that he/she contact the Office of Financial Aid prior to the next step.**
2. Form must be signed by the following parties:
 - a. Student (if not available, advisor or designee may sign for student noting permission granted via call or correspondence)
 - b. Advisor (or school designee)
 - c. Chair/Director/Coordinator (or designee)
 - d. Dean (or designee)
3. Once above signatures are in place, student or advisor (or designee) will deliver or send hard copy of Student Withdrawal Form to the Office of Financial Aid, Kelley House for signature.
4. Student may elect to deliver completed form to the Office of the Registrar for processing. Otherwise, the Office of Financial Aid will deliver completed form to the Office of the Registrar.
5. The Office of the Registrar will distribute copies to the school and departments listed at the bottom of the Student Withdrawal Form once form is processed.

BARRY UNIVERSITY
STUDENT WITHDRAWAL FORM

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

Fall 20__ Spring 20__ Summer I 20__ Summer II 20__
Session A__ B__ Session A__ B__

Type of Withdrawal: Permanent Leave of Absence* University Suspension

*Please give date of return _____

Student: _____ BU ID # _____
Last Name First Middle Initial

Permanent Address: _____
Street City State Zip Code

Phone Number: Home: _____ Work _____ Cellular _____

Email address (other than Barry) _____

Undergraduate Student Graduate Student Are you a Veteran? Yes No

INDICATE REASON(S) FOR WITHDRAWING FROM BARRY UNIVERSITY: Check all that apply:

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

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.

Student: _____ Date: _____
(Signature)

Advisor: _____ Date: _____
(Signature)

Chair/Director/Coordinator: _____ Date: _____
(Signature)

Dean: _____ Effective Date of Withdrawal : _____
(Signature)

If student not present, how was the information obtained? _____

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 and how this withdrawal will affect future receipt of financial aid. Yes No

F.A. Counselor: _____ Printed Name: _____
(Signature and Date)

TO BE COMPLETED BY OFFICE OF THE REGISTRAR

Date: _____ Processed by: _____

Copies to: Office of the Registrar Student Financial Aid Residential Life (if applicable)
Academic Advisor Health Office Intercultural Center (if applicable) REV919Aug2010