

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

Chair/Director/Coordinator _____ Date _____
Signature

Dean _____ Effective of Withdrawal Date _____
Signature

**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:

- | | |
|---|----------------|
| <input type="checkbox"/> Student received financial aid? | Yes ___ No ___ |
| <input type="checkbox"/> If student received federal loans, student has been provided with loan exit materials. | Yes ___ No ___ |
| <input type="checkbox"/> Student has been counseled on Standards of Academic Progress policies? | Yes ___ No ___ |
| <input type="checkbox"/> 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: _____