

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)

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