



University Withdrawal Form

Students **must meet with** student financial services if they intend to withdraw during the semester to find out the impact on their aid package. *End of semester withdrawals have no financial aid impact.* Students must complete an exit interview with relevant campus offices. **Please return this form to the Office of the Registrar via email (preferred) or postal mail:** registrar@wittenberg.edu **ATTN: Office of the Registrar, Wittenberg University, PO Box 720, Springfield, OH 45501**

Student ID# _____ Date _____

Name _____

Phone Number _____

Personal Email _____

Were you a member of any athletic teams at Wittenberg? No Yes

If yes, please list: _____

Withdrawal Request

I am withdrawing:

Select the reason(s) you are withdrawing:

immediately end of the current semester

Date last attended class
(accessing course Moodle counts as attendance):

If you select Other in the list to the right, please include more information here:

Future Plans

Transfer to another college or university? If yes, name of school _____

Return to Wittenberg University? No Yes If yes, probable date _____

Enter Military

Other (Explain briefly) _____

Signatures

Student Signature Date

Student Financial Services Signature Date

<i>For Office Use Only: Grades/ Marks to be Recorded:</i>	
Without Grade or Credit	F Grades or NC
W Grades	Endterm Grades Assigned by Faculty
_____ Signature of Registrar	_____ Date