



Official Withdrawal Form

Registration Office
100 O'Dowd Hall
Rochester, Michigan 48309-4490
(248) 370-3451 FAX (248) 370-3461

FOR OFFICE USE ONLY

WITHDRAWAL CODE

This form is to be used by all students who are reducing their class load to "0" credits during a semester or session. Please Print.

Student Number _____

Term/Year _____

Name _____
Last First Middle

Address _____
Street
City State Zip

Home phone _____

Work phone _____

Reason for withdrawal (check one)

- Job conflict
- Transportation problem
- Family responsibilities
- Financial
- Moving
- Academic
- Dismissal action
- Medical
- Transferring
- Personal
- Desired course not available
- Other _____

Have you paid for the classes for which you have registered? Yes No

Check one item each in columns A or B:

- A. Came to O.U. with no college credits
- Transferred to O.U.
- B. Undergraduate
- Graduate

By signing this form, I am applying for withdrawal from all classes and the applicable tuition refund in effect on this date. I have reviewed the grading system section published in the Course Catalog and understand that if my withdrawal goes into effect after the no-record drop period, a grade of "W" will be assigned for each class I have not completed.

Student's Signature _____

Date _____

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Effective Date _____

Processed by/Date _____