

UNDERGRADUATE TERM WITHDRAWAL

Instructions: This form should only be used for complete withdrawal from West Chester University for the term indicated below. All courses will be withdrawn from your record and given a grade of "W" for the indicated term. Military withdrawals will be given an "M" for the indicated term. This form may be faxed to 610-436-2370, ATTN: TERM WITHDRAWAL. **Incomplete forms will not be processed.**

****GRADUATE STUDENTS must go to the GRADUATE OFFICE to withdraw.****

Student Name: _____

Address: _____ **Phone:** _____

Term: ☐ Fall _____ ☐ Winter _____ ☐ Spring _____ ☐ Summer _____
(Year) (Year) (Year) (Year & Session)

ARE YOU A NEW TRANSFER STUDENT THIS SEMESTER? ☐ YES ☐ NO

REASON FOR WITHDRAWAL: Please refer to the Undergraduate Catalog for the Withdrawal Policy.
Attach documentation if necessary.

☐ Medical ☐ Family ☐ Military* ☐ Transferred to Another College
☐ Employment ☐ Financial Reasons ☐ Housing not available ☐ Personal Reasons
☐ Practical Experience ☐ Moving from Area ☐ Transportation Issues ☐ Other: _____

*Are you withdrawing due to you or your spouse being ordered to active duty military service from reserve standing? *If yes, please include a copy of the military orders.* ☐ YES ☐ NO

- *If your spouse is being called to active duty, please also include a copy of your marriage license.*

<p>Living in campus residence?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<ul style="list-style-type: none"> • If Traditional Halls or South Campus Apts., this form must be signed by the Assistant Director of Housing (202 Lawrence). • If Affiliated Halls or the Village, this form must be signed by the Director of Resident Services (University Hall). <ul style="list-style-type: none"> • Residence Life & Housing Ph: 610-436-3307 Fx: 610-430-5945 <p>_____ Date: _____</p>
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I am requesting to be withdrawn from West Chester University for the term indicated. I understand that my withdrawal may affect my financial aid and that if I have any financial obligation to the University, my academic records will be sealed until such obligations have been cleared. I acknowledge that failure to provide all necessary information on/with this form may result in this form not being processed.

Student's signature (required): _____ **Date:** _____

Office Use Only

Processed by: _____ Date: _____

Withdrawal Effective Date: _____