



Withdrawal from University OR Cancellation of Term

Student Name: _____
Last First M.

Student ID #: _____

Permanent Address: _____

Permanent Phone #: _____

Cell Phone #: _____

Please withdraw me from the following term (circle the term):

Fall Winter Spring Summer I Summer II _____
Year

Reason for withdraw: _____

Are you registered for undergraduate or graduate courses? **undergraduate** **graduate**

Has this semester begun? **Yes** **No**

Have you registered for the next semester? **Yes** **No**

If yes, do you wish to cancel the next semester as well? **Yes** **No**

PLEASE NOTE:

- Students withdrawing from Salisbury University will be held responsible for financial obligations incurred while a student at Salisbury University. Please contact the Financial Services Office to arrange for payment of any outstanding debts.
- Please make sure that all material on loan from the Library is returned.
- If you have financial aid in the form of scholarships, grants, loan and/or student employment, please complete the necessary forms in the Financial Aid Office before leaving campus.
- If you reside in the dormitories, please check out with the Housing Office.
- If you are a matriculated student and would like to return to school during a future term please fill out a readmit application by July 1st for the Fall term and December 1st for the Spring term.
- Refunds are based on the business day that we receive this form. Please check the cashier's web site for the current refund schedule: <http://www.salisbury.edu/admin/cashiers/refunds.htm>

I have read and understand the above information.

Student's Signature: _____ Date: _____

Student Affairs Signature*: _____ Date: _____

Guerrieri University Center, Room 212; 410-543-6080

* This signature must be obtained before withdraw will be processed.

Registrar's Office Use Only

Term History: _____ Financials: _____ Term Activation: _____ VDIS/Revoked: _____ Address: _____

Registrar's Office Signature: _____ Date: _____