

REGISTRAR STAFF ONLY
Date Received: _____
Received By: _____
Date Processed: _____

Student University Withdrawal Request

Please complete all required fields in pen and obtain all required prior to submitting form to the Office of the Registrar. This form is to request a full withdrawal from all university courses you are enrolled in for the current semester, as defined in **FPU-5.01032AP Student Withdrawal from the University Policy**.

LAST: _____ FIRST: _____ MI: _____

STUDENT ID: _____ EMAIL: _____@floridapoly.

Step 1: Enter Withdrawal Information

Request to withdraw effective: Immediately Immediately after the end of the current semester

Do you plan to return to Florida Poly? Yes No If yes, when? Term: _____ Year: _____

Are you receiving Veteran's Benefits: Yes No

Do you have a meal plan? Yes No Do reside in on-campus housing? Yes No

Reason for Withdrawal: Academic Health Financial Relocation Work/Life Conflict

Military Registration Related Transportation Problem/Distance

Transferring to another College/University: If so, where? _____

Other: _____

Step 2: Obtain All Required Signatures (in the order listed below)

Department	Office Personnel Printed Name	Office Personnel Signature	Date Signed
Student Development Office			
Student Business Services			
Academic Success Center			
Financial Aid Office			
International Student Office			

Step 3: Student Confirmation

By signing below, I am confirming my request to be withdrawn from Florida Polytechnic University.

Student's Signature: _____ Date: _____