

## 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 All courses will be withdrawn from your record and given a grade of "W" for the indicated term.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"><li>• If Traditional Halls or South Campus Apts., this form must be signed by the Assistant Director of Housing (202 Lawrence).</li><li>• 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"><li>• Residence Life &amp; Housing Ph: 610-436-3307 Fx: 610-430-5945</li></ul></li></ul> <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**I am requesting to be withdrawn from West Chester University for the term indicated.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: \_\_\_\_\_