



# POINT PARK UNIVERSITY COMPLETE WITHDRAWAL FORM

## Complete this form to completely withdraw from all courses at Point Park University.

Complete all sections. This form will not be processed without a signature from the Student Financial Services Office and the Academic Success Center. Course withdrawals may jeopardize present and future financial aid. You are responsible for paying all charges not covered by any reduced financial aid which may include previously issued refunds. If you have an outstanding balance for the term for which you are withdrawing or for a previous term, you will be responsible for paying all appropriate charges.

### STEP #1: COMPLETE THE INFORMATION BELOW.

|             |                                      |                                    |   |
|-------------|--------------------------------------|------------------------------------|---|
| <b>TERM</b> | <input type="checkbox"/> Fall        | <input type="checkbox"/> Spring    | <input type="checkbox"/> Summer I       |
|             | <input type="checkbox"/> Twelve Week | <input type="checkbox"/> Summer II | <input type="checkbox"/> Year: 20 _____ |

Student ID \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Major \_\_\_\_\_

| COMPLETE WITHDRAWALS                              |  |
|---|--|
| <b>Student</b>                                    |  |
| Have you completed the student withdrawal survey? |  |
| <input type="checkbox"/> Yes                      | <input type="checkbox"/> No                                |
| I intend to return to Point Park University:      |  |
| <input type="checkbox"/> Yes                      | <input type="checkbox"/> No <input type="checkbox"/> Maybe |
| When _____  |  |

### COURSES TO BE DROPPED:

| Prefix | Number | Section | Credits | Instructor's Signature | "W"/"F" |
|--------|--------|---------|---------|------------------------|---------|
|        |        |         |         |                        |         |
|        |        |         |         |                        |         |
|        |        |         |         |                        |         |
|        |        |         |         |                        |         |
|        |        |         |         |                        |         |
|        |        |         |         |                        |         |

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### STEP #2: SIGNATURES MUST BE OBTAINED IN THE ORDER BELOW OR FORM WILL NOT BE PROCESSED.

Program Director, Department Chair or Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Academic Student Success Center Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Financial Services Center Signature \_\_\_\_\_ Date \_\_\_\_\_

ISD Signature (applicable only for international students) \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office Signature \_\_\_\_\_ Date \_\_\_\_\_