



Student Withdrawal Form

STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Telephone Number: _____

Email Address: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

What is your current degree/major? _____

WITHDRAWAL REQUEST

I would like to officially withdraw from all classes for the current semester. I understand the date this form is received by the McNally Smith Administration will be the date used for my last date of attendance (LDA). The LDA is used to determine amounts owed and refunds. Any refunds will be processed within 30 days of the LDA. The accounting department will notify me of any amount owed.

Reason for withdrawal (please check all that apply):

- Academic problems
- Attendance issues
- Family issues
- Financial issues
- Other
- Full-time work opportunity
- Medical / health issues
- Music career opportunity
- Personal issues

Please provide any comments regarding your withdrawal. Include any academic or administrative concerns you may have:

Do you have plans to return to McNally Smith College in the future? (check one):

- Yes
 - No
- If yes, which semester? _____

In signing this form, I certify that all information provided is complete and true to the best of my knowledge.

Signature of Student _____ Date _____

Submit completed form to the McNally Smith College Administrative Offices in the 26 Exchange Building