

STUDENT WITHDRAWL FORM

Student Name _____			
	Last Name	First Name	MI
Address _____			
Street/Avenue/P.O. Box			
		City	State
			Zip Code
Phone Number _____		-- --	
(Include Area Code)		Student Social Security Number	
Semester of Withdrawal:		Enrollment Status:	
<input type="checkbox"/> Fall 200__ <input type="checkbox"/> Spring 200__ <input type="checkbox"/> Summer 200__ <input type="checkbox"/> Saturday College 200__		<input type="checkbox"/> Full-Time <input type="checkbox"/> Resident <input type="checkbox"/> Part-Time <input type="checkbox"/> Commuter	
Reason for Withdrawal			

FOR STUDENT LIFE OFFICE ONLY	FOR SECURITY OFFICE ONLY
(For Residents Only)	
<input type="checkbox"/> Briarwood College dorm room key returned _____ Date	<input type="checkbox"/> Briarwood College Student I.D. returned _____ Date

FOR LIBRARY USE ONLY	FOR REGISTRAR USE ONLY
<input type="checkbox"/> All books returned <input type="checkbox"/> Amount Owed to Library \$ _____ _____ Date	Last Date of Attendance ___ / ___ / ___ <input type="checkbox"/> Academic Probation <input type="checkbox"/> Good Academic Standing

The following signatures are required for an official withdrawal:

I have been informed of the financial consequences of my withdrawal and understand my financial responsibilities. I agree to be bound by Briarwood College's academic and financial policies at the time of my withdrawal. I agree to be responsible for the payments as outlined by college policy.

Student _____	Date _____
Advisor _____	Date _____
Associate Dean of Lifelong Learning (Saturday College Only) _____	Date _____
Associate Dean of Academic Affairs _____	Date _____
Registrar _____	Date _____