1883 Reinhardt University

WITHDRAWAL FORM

Students who wish to withdraw from Reinhardt University must complete this form and secure all the appropriate signatures. Withdrawal before midterm will receive W's. Withdrawals after midterm will result in F's. Students who leave the University during the semester without withdrawing will receive F's.

- **Withdrawing from Reinhardt University may adversely impact student eligibility for financial aid, impact disbursements, and/or have academic ramifications.**
- It is the student's responsibility to discuss these matters in advance with the Business Office, Student Financial Aid, and academic advisor under the authority of the Office of the Registrar.
- *The student is responsible for his/her account balance to include tuition, fees, room and board, and any additional charges. Transcripts will not be released if student has a balance on his/her account.*
- Student Loan Exit Counseling is required if the student participated in the student loan program. This can be completed at www.studentsloans.gov
- If the student decides to return to Reinhardt University in the future the readmission process must be completed.

Any questions regarding this form or withdrawing from Reinhardt University may be directed to the Office of the Registrar at 770-720-5534.

Student Information:

Name_____ Student ID _____
Last First MI

Permanent Home/Forwarding Address _____
Street City State Zip

Home Phone ( ) _____ - _____ Work Phone ( ) ____ - _____ E-mail _____

Academic Information:

Major _____ Do you plan to return to Reinhardt? _____

❑ Commuter ❑ Resident (signature of Residence Life required) _____

Please indicate reason for withdrawal and explain below:

❑ Financial ❑ Armed Services ❑ Academic
❑ Illness ❑ Relocating ❑ Transferring _____
❑ School Work Not Relevant ❑ Other _____

Explanation of reason, other comments: _____

What is your effective date of withdrawal?: ___Last day of_____semester ___Other (please note):_____

Please secure the following signature and return to the Registrar along with your student I.D. card.

_____
Academic Advisor Date Student Signature Date

Student has been counseled that they will receive: ____No Penalty ____W's ____F's in all courses

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Registrar staff Date Student Signature Date

For Office Use Only:
❑ Appropriate Grades Assigned Copies Distributed: ❑ Student ❑ Bus Office ❑ Financial Aid
❑ Instructors notified ❑ Residential Life ❑ Nurse ❑ ASO
Date Processed _____ by ____ LDA_____ ❑ Advisor ❑ Public Safety ❑ Nursing Dept.

Term: __Fall __Spring __Summer Campus: __Main Campus __Extended Campus