Undergraduate Complete Withdrawal Form

This form is to be used to completely withdraw from all your current enrolled courses. A withdrawn course is recorded on the official academic transcript with a grade of "W" and the tuition refund is pro-rated. For periods of enrollment 10 weeks or longer, the withdrawal period begins on the first day of the second week of the term and continues through the date on which 60% of the term is completed. For periods of enrollment shorter than 10 weeks, the withdrawal period begins on the second day of the term and concludes on the date on which 60% of the term is completed.

Student Accounts MUST sign this form prior to submitting to the Registrar’s Office for processing. If unable to obtain signature or submitting via email, please email StudentAcct@s ierranevada.edu and attach approval prior to sending to Registrar’s Office.

Last Name: __________________________ First Name: __________________________

Student ID No.: __________________________

Semester: Spring _______  Summer _______  Fall _______

List the courses you wish to drop/withdraw from:

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course No.</th>
<th>Sect.</th>
<th>Title</th>
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INDICATE REASON(S) FOR WITHDRAWING FROM SNC: Check all that apply:

___ Need a break from school
___ School conflicts with work
___ Illness
___ Wants to be closer to home
___ Safety concerns
___ Permanent Disability
___ Register but did not attend
___ Desired courses/programs not available
___ Other responsibilities are too great
___ Unable to obtain sufficient financial aid
___ Left for service in official church mission
___ Called for active duty in armed forces
___ Transferring to another institution
___ Dissatisfied with my academic performance
___ Financial Issues
___ Few people with whom I can identify
___ Left for federal foreign aid service
___ Housing difficulties (affordability/conflicts)
___ Family Obligations
___ Other __________________________

Institution Name: __________________________

Please provide detail for reasoning indicated above: __________________________________________________________

Student Accounts Signature: __________________________ Date: __________________________

Student Signature: __________________________ Date: __________________________

You must have Student Accounts approval before returning form to the Registrar’s Office or email to rwehby@s ierranevada.edu

Registrar Office Use Only

Date of Withdrawal Processed in Banner and Clearinghouse: __________________________

- Financial Aid Notified
- Advisor Notified
- Housing Director/Student Affairs Notified
- Student Accounts Notified
- Student Support Services Notified
- SPACMNT Updated

Registrar’s Signature __________________________________________ Date Received __________________________

Updated: 043019