

Office of the Registrar  
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# WITHDRAW FROM THE UNIVERSITY REQUEST FORM

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security No. or Student ID # \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

### Withdraw from University

I request to officially withdraw from Marian University. In the event that I choose to return to Marian University, I understand that I will not maintain continuous enrollment at the University and I will be required to submit a formal re-application to the University upon my return. At that time I acknowledge that I will be responsible to submit the following:

1. A complete Marian University application (paper form or online form accepted)
2. An official transcript from each college or university attended since last enrolled at Marian University

Date of Notification: \_\_\_\_\_  
 Month Day Year

- I intend to complete the current semester.
- I intend to return to Marian University. Indicate the semester and year that you will be returning to Marian University: \_\_\_\_\_
- I intend to transfer to: \_\_\_\_\_

Reason for Withdrawal (circle all that apply): Academic Transfer Employment Financial Medical Personal

Explain reason for withdrawal from Marian University below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that withdrawal from the University at this time may affect financial aid awards, scholarship awards, athletic eligibility, Veteran Education benefits, or ROTC benefits. I realize I may be held responsible for funds originally awarded contingent upon completion of this semester. I have read and understand the responsibilities as outlined on the next page.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:** Referred Student to Coordinator of Student Success: Initials/Date \_\_\_\_\_ / \_\_\_\_\_

#### Student Workflow Requirements:

Prior to End of Add/Drop, course(s) dropped: <input type="checkbox"/>	<input type="checkbox"/>	Yr./Term <input type="text"/>	<b>Separation Date:</b> _____ for Year/Term(s): _____ (date the school official was informed of the student's withdrawal from the University)	Yr./Term <input type="text"/>
After Add/Drop period, "WD" grades assigned: <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<b>Enrolled Status Field</b> updated to: _____ Date above entered: <input type="checkbox"/>	<input type="text"/>
Future Semester Registration - courses dropped: <input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<b>Enrolled Status Field</b> updated to: _____ Date above entered: <input type="checkbox"/>	<input type="text"/>
			<b>Last Date of "Academically Related Activity" from attendance:</b> _____	

#### Transcript Workflow Requirements

**Withdrawal Date:** \_\_\_\_\_ Withdrawal Date entered in "Notes":   
 (last date of "seat time" if different from the separation date - Used to base prorated tuition refund)

**Type of Student (circle one):** Trad. Adult Grad.

**Amount of Refund/Charge Incurred:** \_\_\_\_\_

**Email:** Advisor  Student Life  Library  Fin. Aid  Bus. Office  I.T.  Dean of Advising  VPSE  DSO  Athletic Dept.   
 Admissions  TRIO/SSS  Student Success  VA Certifying Official

**Final Attendance Report printed for student file**

**VAONCE updated:**  Date/Initials: \_\_\_\_\_ **National Student Clearinghouse Notified**  Date/Initials: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

